

**DRAFT REVISIONS
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1.0 Description of the Service: Orthotic and Prosthetic Devices

Orthotic and prosthetic devices are ~~purchased for recipients~~ **covered by N.C. Medicaid** when they are prescribed by the ~~patient~~ **recipient's** treating physician, physician's assistant, or nurse practitioner and medical necessity is documented. An ~~item~~ **orthotic or prosthetic device** is medically necessary if it is needed to maintain or improve a recipient's medical, physical, or functional level. Orthotic and prosthetic devices ~~purchased~~ **covered** by Medicaid become the property of the Medicaid recipient.

Refer to the Orthotic and Prosthetic Devices Fee Schedule for a list of the equipment, supplies, and services covered by Medicaid. The fee schedules are available on the Division of Medical Assistance's Web site at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions **due to their eligibility category** that would make them ineligible for **this** service. ~~due to their eligibility category. Medicaid recipients are eligible for orthotic and prosthetic devices, subject to the limitations listed in Section 5.0, Requirements for and Limitation on Coverage, and Attachment BC, How a Recipient Obtains Orthotic and Prosthetic Devices, Step 3. All services provided to a Medicaid for Pregnant Women (MPW) recipient (pink Medicaid identification card) must be pregnancy-related.~~

2.2 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

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EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT and Prior Approval Requirements

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *Basic Medicaid Billing Guide*, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the **Procedure, Product, or** Service Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 **General Criteria**

Medicaid covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and

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- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Orthotic and prosthetic ~~devices~~ **services** are covered only when they are listed on the Orthotic and Prosthetic Devices Fee Schedule (<http://www.ncdhhs.gov/dma/fee/fee.htm>) and the recipient meets the specific coverage requirements for the device. Refer to **Section 5.3, Documenting Medical Necessity**.
- b. Orthotic devices are medically necessary when required to correct or prevent skeletal deformities, to support or align movable body parts, or to preserve or improve physical function.
- c. Prosthetic devices are medically necessary as a replacement for all or part of the function of a permanently inoperative, absent, or malfunctioning body part. The recipient must require the prosthesis for mobility, daily care, or rehabilitation purposes.
- d. In addition, orthotic and prosthetic devices shall be
1. ordered by the treating physician, physician's assistant, or nurse practitioner;
 2. a reasonable and medically necessary part of the recipient's treatment plan;
 3. consistent with the recipient's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the recipient; and
 4. of high quality, with replacement parts available and obtainable.
- e. Medical doctors (MDs), doctors of osteopathic medicine (DOs), physical therapists (PTs), and occupational therapists (OTs) may provide certain orthotic and prosthetic devices when the devices are part of the recipient's current care and treatment. **Attachment E** indicates MD, DO, PT, and OT beside those devices that medical doctors, doctors of osteopathic medicine, physical therapists, and occupational therapists, respectively, may provide.
- f. ~~To be reimbursed for an orthotic or prosthetic device, In addition, the provider will be reimbursed for orthotic and prosthetic devices only when s/he is~~ **must be** enrolled as an appropriate Board-certified provider for ~~a the~~ specific device. See **Attachment F, Board Certification Requirements for Orthotic and Prosthetic Services**. **Attachment E, which includes the Required Professional Certification for Orthotic and Prosthetic Devices.**

~~Medical doctors (MDs) and doctors of osteopathic medicine (DOs) may provide certain orthotic and prosthetic devices when the devices are part of the patient's current care and treatment. Attachment F indicates MD and DO beside those items that medical doctors and doctors of osteopathic medicine, respectively, can provide.~~

The fee schedules are available on the Division of Medical Assistance Web site at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Orthotic devices are covered if the recipient requires the item(s) **device(s)** for the correction or prevention of skeletal deformities, to support or align movable body parts, or to preserve or improve physical function. Prosthetic devices are covered as a replacement for all or part of the function of a permanently inoperative, absent, or malfunctioning body part. The recipient must

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~~require the prosthesis for mobility, daily care, and/or rehabilitation purposes. In addition, orthotic and prosthetic devices shall be~~

- ~~a. ordered by the treating physician, physician's assistant, or nurse practitioner;~~
- ~~b. a reasonable and medically necessary part of the recipient's treatment plan;~~
- ~~c. consistent with the recipient's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the recipient;~~
- ~~d. of high quality for which replacement parts are available and obtainable; and~~
- ~~e. furnished at a safe, efficacious, and cost effective level.~~

~~Refer to Section 5.3, Documenting Medical Necessity, for specific coverage requirements.~~

4.0 When the **Procedure, Product, or Service** Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

4.1 General Criteria

O&P services and devices are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0** ~~and throughout this policy~~;
- c. the device unnecessarily duplicates another provided device ~~OR the device duplicates another provided device and is , therefore, not medically necessary~~; or
- d. the device is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria

Non-covered devices and supplies include, but are not limited to, all of the following:

~~Experimental or investigational devices~~

- a. ~~Item~~ **Device** for the recipient's comfort or convenience or for the convenience of the recipient's caregiver(s)
- b. ~~Item~~ **Device** to have on hand for backup or duplicates to have available at various locations
- c. Devices and supplies for residents of nursing facilities
- d. ~~Equipment~~ **Devices** or supplies covered by another agency
- e. Equipment or supplies for ~~patients~~ **recipients** receiving hospice care, as defined in **Section 7.2, Coordinating Care**

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Providers who have questions about whether a device is covered should call EDS Provider Services at 1-800-688-8888 or 919-851-8888. Recipients who have questions should call the CARELine at 1-800-662-7030.

5.0 Requirements for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

~~Referral Authorizations for Carolina ACCESS Participants~~

~~A referral authorization must be obtained from the primary care physician before providing orthotic or prosthetic devices to a Carolina ACCESS participant. This referral authorization is required in addition to other requirements for the service, such as prior approval.~~

5.1 Prior Approval

Some orthotic and prosthetic devices require prior approval. ~~Items that require prior approval~~ Those devices are identified by an asterisk (*) on the **Orthotic and Prosthetic Devices Fee Schedule**, which can be found on the Web at <http://www.ncdhhs.gov/dma/fee/fee.htm>. ~~by an asterisk (*).~~ They are also shown in **Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices**. When prior approval is required only for recipients 21 years of age or older, the ~~item~~ device is identified by a plus sign (+).

Prior approval is valid for the time period approved on the Certificate of Medical Necessity/Prior Approval (CMN/PA) form. If a physician, physician assistant or nurse practitioner decides that an ~~item~~ device is needed for a different period of time, a new CMN/PA form must be submitted.

Refer to **Attachment AB, Completing the Certificate of Medical Necessity/Prior Approval Form**, for general instructions on completing the CMN/PA form.

Refer to **Section 5.3, Documenting Medical Necessity**, for information on documenting medical necessity requirements for specific DME items.

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5.2 Referral Authorizations for Carolina ACCESS Participants

A referral authorization must be obtained from the primary care physician before providing orthotic or prosthetic devices to a Carolina ACCESS participant. This referral authorization is required in addition to other requirements for the service, such as prior approval.

5.3 Documenting Medical Necessity

Medical necessity must be documented on the CMN/PA form regardless of any requirements for prior approval.

5.3.1 Therapeutic Shoes for Diabetics Shoes, Fitting, and Modifications

Refer to section A of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

A5500	A5504	A5507
A5501	A5505	A5512
A5503	A5506	A5513

Therapeutic Diabetic shoes, inserts, and/or modifications to therapeutic diabetic shoes are covered if the following criteria are met:

- a. The patient/recipient has diabetes mellitus (ICD-9-CM diagnosis codes 250.00 through 250.93); and
- b. The patient/recipient has one or more of the following conditions:
 1. Previous amputation of the other foot, or part of either foot, or
 2. History of previous foot ulceration of either foot, or
 3. History of pre-ulcerative calluses of either foot, or
 4. Peripheral neuropathy with evidence of callus formation of either foot, or
 5. Foot deformity of either foot, or
 6. Poor circulation in either foot; and
- c. The certifying physician who is managing the patient/recipient's systemic diabetes condition has certified that indications 1 and 2 a and b above are met and that he/she/the physician is treating the patient/recipient under a comprehensive plan of care for his/her diabetes and that the patient/recipient needs diabetic shoes.

For adult patient/recipients meeting these criteria, coverage is limited to one of the following within one year:

- a. One pair of custom molded shoes (A5501) (which includes inserts provided with these shoes) and 2 additional pairs of inserts (A5512 or A5513); or
- b. One pair of depth shoes (A5500) and 3 pairs of inserts (A5512 or A5513) (not including the non-customized removable inserts provided with such shoes).

Separate inserts may be covered and dispensed independently of diabetic shoes if the supplier of the shoes verifies in writing that the patient/recipient has

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appropriate footwear into which the insert can be placed. This footwear must meet the definitions found in this policy for depth shoes or custom molded shoes. See Section 5.3.8, Orthopedic **Shoes and Footwear**.

Note: There is no separate payment for the fitting of, certification of need for, or prescription for of the shoes, inserts, or modifications ~~or for the certification of need or prescription of the footwear.~~

5.3.2 Spinal Orthoses

Refer to sections C–E and H of **Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices**, for the following HCPCS procedure codes.

L0112	L0210	L0220	L0430	L0450	L0452	L0454
L0456	L0458	L0460	L0462	L0464	L0466	L0468
L0470	L0472	L0480	L0482	L0484	L0486	L0488
L0490	L0621	L0622	L0623	L0624	L0625	L0626
L0627	L0628	L0629	L0630	L0631	L0632	L0633
L0634	L0635	L0636	L0637	L0638	L0639	L0640
L0700	L0710	L0810	L0820	L0830	L0859	L0861
L0970	L0972	L0974	L0976	L0978	L0980	L0982
L0984	L0999	L1000	L1005	L1010	L1020	L1025
L1030	L1040	L1050	L1060	L1070	L1080	L1085
L1090	L1100	L1110	L1120	L1200	L1210	L1220
L1230	L1240	L1250	L1260	L1270	L1280	L1290
L1300	L1310	L1499	L1500	L1510	L1520	L4000

A thoracic–lumbar–sacral orthosis, lumbar orthosis, or lumbar–sacral orthosis is covered when it is ordered for one of the following indications:

- To reduce pain by restricting mobility of the trunk; ~~or~~
- To facilitate healing following an injury to the spine or related soft tissues; ~~or~~
- To facilitate healing following a surgical procedure on the spine or related soft tissue; ~~or~~
- To otherwise support weak spinal muscles ~~and~~/or a deformed spine.

5.3.3 Helmets

Refer to section B of **Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices**, for the following HCPCS procedure codes.

A8000	A8001	A8002	A8003	A8004
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Helmets (HCPCS **procedure** codes A8000 through A8004) are provided when cranial protection is required due to a documented medical condition that makes the recipient susceptible to injury during activities of daily living. ~~These devices~~ **Helmets** are not provided for use during sports-related activities.

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Cranial Orthosis for Plagiocephaly

S1040, Cranial remolding orthosis, pediatric, rigid, with soft interface, material, custom fabricated, includes fitting and adjustment(s)

Plagiocephaly describes an asymmetrically shaped head. Synostotic plagiocephaly (craniosynostosis) is due to the premature closure of the cranial sutures. In non-synostotic plagiocephaly, also referred to as positional or deformational, the cranial sutures remain open. Cranial orthosis is the use of a special helmet or band on the head, which aids in molding the shape of the cranium to normal.

Dynamic orthotic cranioplasty, which may also be referred to as cranial molding, molding helmet, cranial banding, or cranial orthosis, is considered medically necessary only as an adjunct to operative therapy following surgery for craniosynostosis. Molding helmet therapy, including dynamic orthotic cranioplasty, is not a covered benefit for the non-operative management of positional or non-synostotic plagiocephaly.

Prior approval is required. The prescribing physician, physician's assistant, or nurse practitioner must document medical necessity for the device on the CMN/PA form. The date and type of any surgical procedure performed must be indicated on the form as well.

Initial reimbursement shall cover any subsequent revisions.

5.3.4 Cervical Orthoses

Refer to sections C and D of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L0120	L0130	L0140	L0150	L0160	L0170
L0172	L0174	L0180	L0190	L0200	L1001

A cervical orthosis is covered when it is ordered for one of the following indications:

- To reduce pain by restricting mobility of the neck;~~or~~
- To facilitate healing following an injury to the cervical spine or related soft tissues;~~or~~
- To facilitate healing following a surgical procedure on the cervical spine or related soft tissue;~~or~~
- To otherwise support weak cervical muscles ~~and/or~~ a deformed cervical spine;

5.3.5 Hip Orthoses

Refer to section E of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L1600	L1610	L1620	L1630	L1640	L1650	L1652
L1660	L1680	L1685	L1686	L1690	L1700	L1710
L1720	L1730	L1750	L1755			

A hip orthosis is covered when it is ordered for one of the following indications:

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- a. To reduce pain by restricting mobility of the hip;~~or~~
- b. To facilitate healing following an injury to the hip or related soft tissues;~~or~~
- c. To facilitate healing following a surgical procedure on the hip or related soft tissue;~~or~~
- d. To otherwise support weak hip muscles ~~and~~/or a hip deformity-

5.3.6 Knee Orthoses

Refer to section E of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L1800	L1810	L1815	L1820	L1825	L1830
L1831	L1832	L1834	L1836	L1840	L1843
L1844	L1845	L1846	L1847	L1850	L1860

A knee orthosis is covered when it is ordered for one of the following indications:

- a. To reduce pain by restricting mobility of the knee;~~or~~
- b. To facilitate healing following an injury to the knee or related soft tissues;~~or~~
- c. To facilitate healing following a surgical procedure on the knee or related soft tissue;~~or~~
- d. To otherwise support weak knee muscles ~~and~~/or a knee deformity-

~~These devices~~ Knee orthoses are not provided solely for use during sports-related activities.

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5.3.7 Ankle-Foot/Knee-Ankle-Foot Orthoses

Refer to sections E, H, and I of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes and those discussed in the text below.

L1900	L1901	L1902	L1904	L1906	L1907	L1910	L1920
L1930	L1932	L1940	L1945	L1950	L1951	L1960	L1970
L1971	L1980	L1990	L2000	L2005	L2010	L2020	L2030
L2034	L2035	L2036	L2037	L2038	L2040	L2050	L2060
L2070	L2080	L2090	L2106	L2108	L2112	L2114	L2116
L2126	L2128	L2132	L2134	L2136	L2180	L2182	L2184
L2186	L2188	L2190	L2192	L2200	L2210	L2220	L2230
L2232	L2240	L2250	L2260	L2265	L2270	L2275	L2280
L2300	L2310	L2320	L2330	L2335	L2340	L2350	L2360
L2370	L2375	L2380	L2385	L2387	L2390	L2395	L2397
L2405	L2415	L2425	L2430	L2492	L2500	L2510	L2520
L2525	L2526	L2530	L2540	L2550	L2570	L2580	L2600
L2610	L2620	L2622	L2624	L2627	L2628	L2630	L2640
L2650	L2660	L2670	L2680	L2750	L2755	L2760	L2768
L2770	L2780	L2785	L2795	L2800	L2810	L2820	L2830
L2840	L2850	L2860	L2999	L4010	L4020	L4030	L4040
L4045	L4050	L4055	L4060	L4070	L4080	L4090	L4100
L4110	L4130						

AFOs Not Used During Ambulation

A static AFO (HCPCS procedure code L4396) is covered if either all of Criteria a through d or Criterion e is met:

- Plantar flexion contracture of the ankle (ICD-9-CM diagnosis code 718.47) with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a non-fixed contracture); and,
- Reasonable expectation of the ability to correct the contracture; and,
- Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and,
- Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; OR
- The patient has plantar fasciitis (ICD-9-CM diagnosis code 728.71).

If a static AFO is used for the treatment of a plantar flexion contracture, the pre-treatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff or caregiver. A static AFO and replacement interface will be denied as not medically necessary if the contracture is fixed. A static AFO and replacement interface will be denied as not medically necessary for a patient with a foot drop but without an ankle flexion contracture. A component of a static AFO that is used to address positioning of the knee or hip will be denied as not medically necessary because the effectiveness of this type of component is not established.

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If code L4396 is covered, a replacement interface (L4392) is covered as long as the ~~recipient~~^{patient} continues to meet indications and other coverage rules for the splint. Coverage of a replacement interface is limited to a maximum of one (1) per 6 months. Additional interfaces will be denied as not medically necessary.

A foot drop splint/recumbent positioning device and replacement interface will be denied as not medically necessary in a ~~patient~~^{recipient} with foot drop who is non-ambulatory because there are other more appropriate treatment modalities.

AFOs and KAFOs Used During Ambulation

Ankle-foot orthoses (AFO) described by codes L1900-L1990, L2106-L2116, L4350, L4360, and L4386 are covered for ambulatory ~~recipients~~^{patients} with weakness or deformity of the foot and ankle, who require stabilization for medical reasons, and have the potential to benefit functionally.

Knee-ankle-foot orthoses (KAFO) described by codes L2000 through L2038, L2387, L2126 through L2136, and L4370 are covered for ambulatory ~~patients~~^{recipients} for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.

If the basic coverage criteria for an AFO or KAFO are not met, the orthosis will be denied as not medically necessary. AFOs and KAFOs that are molded-to-patient-model, or custom-fabricated, are covered for ambulatory ~~recipients~~^{patients} when the basic coverage criteria listed above and one of the following criteria are met:

- The ~~recipient~~^{patient} could not be fit with a prefabricated AFO, ~~or~~
- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), ~~or~~
- There is a need to control the knee, ankle or foot in more than one plane, ~~or~~
- The ~~recipient~~^{patient} has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, ~~or~~
- The ~~recipient~~^{patient} has a healing fracture ~~that~~ lacks normal anatomical integrity or anthropometric proportions.

L-coded additions to AFOs and KAFOs (L2180 through L2550, L2750 through L2830) will be denied as not medically necessary if either the base orthosis is not medically necessary or the specific addition is not medically necessary.

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5.3.8 Orthopedic Shoes and Footwear

Refer to section F of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L3000	L3001	L3002	L3003	L3010	L3020	L3030	L3040
L3050	L3060	L3070	L3080	L3090	L3100	L3140	L3150
L3160	L3170	L3201	L3202	L3203	L3204	L3206	L3207
L3208	L3209	L3211	L3212	L3213	L3214	L3215	L3216
L3217	L3219	L3221	L3222	L3224	L3225	L3250	L3251
L3252	L3253	L3254	L3255	L3257	L3300	L3310	L3320
L3330	L3332	L3334	L3340	L3350	L3360	L3370	L3380
L3390	L3400	L3410	L3420	L3430	L3440	L3450	L3455
L3460	L3465	L3470	L3480	L3485	L3500	L3510	L3520
L3530	L3540	L3550	L3560	L3570	L3580	L3590	L3595
L3600	L3610	L3620	L3630	L3640	L3649		

An orthopedic footwear shoe is covered for adults if it is an integral part of a covered leg brace described by codes L1900, L1920, L1980–L2030, L2050, L2060, L2080, or L2090. Oxford shoes (L3224, L3225) are covered in these situations. Other shoes, e.g. high top, depth inlay or custom for non-diabetics, etc. (L3649), are also covered if they are an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace. Heel replacements (L3455, L3460), sole replacements (L3530, L3540), and shoe transfers (L3600–L3640) involving shoes on a covered brace are also covered. Inserts and other shoe modifications (L3000–L3170, L3300–L3450, L3465–L3520, L3550–L3595) are covered if they are on a shoe that is an integral part of a covered brace and if they are medically necessary for the proper functioning of the brace.

A shoe and related modifications, inserts, and heel/sole replacements, are covered only when the shoe is an integral part of a brace. A matching shoe which is not attached to a brace is non-covered.

Shoes which are incorporated into a brace must be billed by the same supplier billing for the brace.

A prosthetic shoes (L3250) are is covered if they are it is an integral part of a prosthesis for a patients recipient with a partial foot amputation (ICD-9 diagnosis codes 755.31, 755.38, 755.39, 895.0–896.3). Claims for prosthetic shoes for other ICD-9 diagnosis codes will be denied as not medically necessary.

Shoes are denied as noncovered when they are put on over a partial foot prosthesis or other lower extremity prosthesis (L5010–L5600) which is attached to the residual limb by other mechanisms.

Orthopedic footwear shoes will be covered for recipients ages birth through 20 years when deemed medically necessary by the prescribing physician regardless of the provision of a brace.

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5.3.9 Upper Limb Orthoses

Refer to section G of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L3507	L3650	L3651	L3652	L3660	L3670	L3671
L3672	L3673	L3675	L3677	L3700	L3701	L3702
L3710	L3720	L3730	L3740	L3760	L3762	L3763
L3764	L3765	L3766	L3806	L3807	L3808	L3890
L3900	L3901	L3904	L3905	L3906	L3908	L3909
L3911	L3912	L3913	L3915	L3917	L3919	L3921
L3923	L3925	L3927	L3929	L3931	L3933	L3935
L3956	L3960	L3961	L3962	L3964	L3965	L3966
L3967	L3968	L3969	L3970	L3971	L3972	L3973
L3974	L3975	L3976	L3977	L3978	L3980	L3982
L3984	L3995	L3999				

An upper limb orthosis is covered when it is ordered for one of the following indications:

- To reduce pain by restricting mobility of the joint(s)
- To facilitate healing following an injury to the joint(s) or related soft tissues
- To facilitate healing following a surgical procedure on the joint(s) or related soft tissue
- To otherwise support weak skeletal muscles and/or musculo-skeletal deformities

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5.3.10 Lower Limb Prostheses

Refer to section J of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L5000	L5010	L5020	L5050	L5060	L5100	L5105
L5150	L5160	L5200	L5210	L5220	L5230	L5250
L5270	L5280	L5301	L5311	L5321	L5331	L5341
L5400	L5410	L5420	L5430	L5450	L5460	L5500
L5505	L5510	L5520	L5530	L5535	L5540	L5560
L5570	L5580	L5585	L5590	L5595	L5600	L5610
L5610	L5611	L5612	L5613	L5614	L5616	L5617
L5618	L5620	L5622	L5624	L5626	L5628	L5629
L5630	L5631	L5632	L5634	L5636	L5637	L5638
L5639	L5640	L5642	L5643	L5644	L5645	L5646
L5647	L5648	L5649	L5650	L5651	L5652	L5653
L5654	L5655	L5656	L5658	L5661	L5665	L5666
L5668	L5670	L5671	L5672	L5673	L5676	L5677
L5678	L5679	L5680	L5681	L5682	L5683	L5684
L5685	L5686	L5688	L5690	L5692	L5694	L5695
L5696	L5697	L5698	L5699	L5700	L5701	L5702
L5703	L5704	L5705	L5706	L5707	L5780	L5781
L5782	L5785	L5795	L5799	L5810	L5811	L5812
L5814	L5816	L5818	L5822	L5824	L5826	L5828
L5830	L5840	L5845	L5848	L5850	L5855	L5910
L5920	L5925	L5930	L5940	L5950	L5960	L5962
L5964	L5966	L5968	L5970	L5971	L5972	L5974
L5975	L5976	L5978	L5979	L5980	L5981	L5982
L5984	L5985	L5986	L5987	L5988	L5990	L5993
L5994	L5995	L5999				

A lower limb prosthesis is covered when the ~~patient~~ **recipient**

- will reach or maintain a defined functional state within a reasonable period of time; **and**
- is motivated to ambulate.

A determination of the medical necessity for certain components/additions to the prosthesis is based on the ~~patient~~ **recipient**'s potential functional abilities.

Potential functional ability is based on the reasonable expectations of the prosthetist and treating physician, considering factors including, but not limited to, each of the following:

- The ~~patient~~ **recipient**'s history (including prior prosthetic use if applicable)
- The ~~patient~~ **recipient**'s current condition, including the status of the residual limb and the nature of other medical problems
- The ~~patient~~ **recipient**'s desire to ambulate

Clinical assessments of ~~patient~~ **recipient** rehabilitation potential must be based on the following classification levels:

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Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.

Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.

Level 4: Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete. The records must document the ~~patient~~ **recipient's** current functional capabilities and ~~his/her~~ expected functional potential, including an explanation for the difference, if that is the case.

Accessories (e.g., stump stockings for the residual limb, harness, including replacements) are also covered when these appliances aid in or are essential to the effective use of the artificial limb.

The following ~~items~~ **services** are included in the reimbursement for a prosthesis and, therefore, are not separately billable to Medicaid as they are included in the established reimbursement rate for the devices:

- a. Evaluation of the residual limb and gait
- b. Fitting of the prosthesis
- c. Cost of base component parts and labor contained in HCPCS base codes
- d. Repairs due to normal wear or tear within 90 days of delivery
- e. Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 90 days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the ~~patient~~ **recipient's** functional abilities

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5.3.11 Upper Limb Prostheses

Refer to section K of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L6000	L6010	L6020	L6050	L6055	L6100	L6110
L6120	L6130	L6200	L6205	L6250	L6300	L6310
L6320	L6350	L6360	L6370	L6380	L6382	L6384
L6386	L6388	L6400	L6450	L6500	L6550	L6570
L6580	L6582	L6584	L6586	L6588	L6590	L6600
L6605	L6610	L6615	L6616	L6620	L6623	L6624
L6625	L6628	L6629	L6630	L6632	L6635	L6637
L6638	L6639	L6640	L6641	L6642	L6645	L6646
L6647	L6650	L6655	L6660	L6665	L6670	L6672
L6675	L6676	L6680	L6682	L6684	L6686	L6687
L6688	L6689	L6690	L6691	L6692	L6693	L6694
L6695	L6696	L6697	L6698	L6703	L6704	L6706
L6707	L6708	L6709	L6805	L6810	L6883	L6884
L6885	L6890	L6900	L6905	L6910	L6915	L7400
L7401	L7402	L7403	L7404	L7405	L7499	L7611
L7612	L7613	L7614	L7621	L7622		

An upper limb prosthetic device is covered when it replaces all or part of the function of a permanently inoperative, absent, or malfunctioning part of the upper limb. The recipient must require the prosthesis for activities of daily living and/or rehabilitation purposes. The treating physician, physician assistant, or nurse practitioner must document that the recipient is motivated to utilize the device prescribed. The physician, physician assistant, or nurse practitioner must sign a written rehabilitation plan incorporating goals the prescriber expects the recipient to achieve.

Accessories (e.g., stump stockings for the residual limb, harness, including replacements) are also covered when these appliances aid in or are essential to the effective use of the artificial limb.

The following items/services are included in the reimbursement for a prosthesis and, therefore, are not separately billable to Medicaid as they are included in the established reimbursement rate for the device:

- Evaluation of the residual limb and activities of daily living
- Fitting of the prosthesis
- Cost of base component parts and labor contained in the HCPCS base code
- Repairs due to normal wear or tear within 90 days of delivery
- Adjustments of the prosthesis or the prosthetic component made when fitting the prosthesis or component and for 90 days from the date of delivery when the adjustments are not necessitated by changes in the residual limb or the patient/recipient's functional abilities

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5.3.12 Elastic Supports

Refer to section L of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

A6530	A6531	A6532	A6533	A6534	A6535
A6536	A6537	A6538	A6539	A6540	A6541
A6542	A6543	A6544	A6549		

Elastic supports are covered when they are ordered for one of the following indications:

- a. Severe or incapacitating vascular problems, such as
 1. acute thrombophlebitis
 2. massive venous stasis
 3. pulmonary embolism
- b. Venous insufficiency
- c. Varicose veins
- d. Edema of lower extremities
- e. Edema of pregnancy
- f. Lymphedema

5.3.13 Trusses

Refer to section M of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L8300	L8310	L8320	L8330
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Trusses are covered when a hernia is reducible with the application of a truss.

5.3.14 Orthotic and Prosthetic-Related Supplies

Refer to sections K and N of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L7600	L8400	L8410	L8415	L8417
L8420	L8430	L8435	L8440	L8460
L8465	L8470	L8480	L8485	L8499

Orthotic and prosthetic-related supplies are covered when the device with which it is used is covered and they are necessary for the function of the orthotic or prosthetic device.

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5.3.15 External Breast Prostheses

Refer to section O of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

A4280	L8000	L8001	L8002
L8010	L8015	L8020	L8030

A breast prosthesis is covered for a ~~patient~~ recipient who has had a mastectomy, ICD-9-CM diagnosis codes V45.71, 174.0-174.9 or 233.0.

An external breast prosthesis garment, with mastectomy form (L8015) is covered for use in the postoperative period prior to a permanent breast prosthesis or as an alternative to a mastectomy bra and breast prosthesis.

5.3.16 Ocular Prostheses

Refer to section P of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

V2623	V2624	V2625	V2626	V2627	V2628
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An eye prosthesis is covered for a ~~patient~~ recipient with absence or shrinkage of an eye due to birth defect, trauma, or surgical removal.

~~Polishing and resurfacing (V2624) is covered on a twice per year basis.~~

~~Replacement is covered every five (5) years with exceptions allowed when documentation supports medical necessity for more frequent replacement.~~

~~One enlargement (V2625) or reduction (V2626) of the prosthesis is covered.~~

Scleral cover shell (V2627) is covered if it is ordered by the physician, physician assistant or nurse practitioner as an artificial support to a shrunken and sightless eye or as a barrier in the treatment of severe dry eye.

5.3.17 Cast Boot, Post-Operative Sandal or Shoe, Healing Shoe

Refer to section F of Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices, for the following HCPCS procedure codes.

L3260	L3265
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A cast boot or post-operative sandal or shoe is covered when it is medically necessary for **one** of the following indications. Prior approval is not required.

- To protect a cast from damage during weight-bearing activities following injury or surgery;
- To provide appropriate support and/or weight-bearing surface to a foot following surgery;
- To promote good wound care and healing via appropriate weight distribution and foot protection
- When the ~~patient~~ recipient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

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~~Prior approval is not required.~~

5.4 Amount of Service

The amount of service is limited to that which is medically necessary as ~~determined by~~ described in Medicaid policies. See Sections 3.0, When the Service Is Covered, and 5.3, Documenting Medical Necessity. See also Attachment E, Lifetime Expectancies~~and~~, Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices, for specific limitations.

5.5 Orthotic and Prosthetic Limitations

Medicaid may place appropriate limits, based on medical necessity criteria, on orthotic and prosthetic ~~items~~ **devices** and supplies. When the prescribing physician, physician's assistant, or nurse practitioner orders ~~equipment~~ **devices** or supplies beyond these limits, the provider must seek authorization for payment for these ~~items~~ **devices and supplies** from DMA. The orthotic and prosthetic provider must send a written request to DMA, along with a letter of medical necessity from the prescribing physician, physician's assistant or nurse practitioner. Consideration will be given to the request and a written decision will be returned to the provider. Recipients will be notified in writing if the request is denied.

Refer to **Attachment E, Lifetime Expectancies~~and~~, Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices**, for a listing of the established lifetime expectancies and quantity limitations for orthotic and prosthetic supplies.

5.6 Delivery of Service

Providers must dispense orthotic and prosthetic ~~items~~ **devices** as quickly as possible due to the medical necessity identified for an ~~item~~ **device**. However, providers who deliver an ~~item~~ **device** requiring prior approval before approval has been received, do so at their own risk.

Refer to **Attachment BC: How a Recipient Obtains Orthotic and Prosthetic Devices and Supplies**, for an outline of the basic steps to follow for a recipient to obtain orthotic and prosthetic devices.

5.7 Servicing and Repairing Orthotic and Prosthetic Devices

Refer to sections H and K of **Attachment E, Lifetime Expectancies, Quantity Limitations, and Required Provider Certifications for Orthotic and Prosthetic Devices**, for the following HCPCS procedure codes.

L4002	L4205	L4210	L7510	L7520
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Providers are responsible for replacement or repair of equipment or any part thereof that is found to be non-functional because of faulty material or workmanship within the guarantee of the manufacturer, without charge to the recipient or to Medicaid.

Service and repairs must be handled under any warranty coverage an ~~item~~ **device** may have.

If there is no warranty, providers may request prior approval to perform the needed service and repairs by sending a completed CMN/PA form with a repair estimate to the address listed on the form. The estimate must show a breakdown of charges for parts and

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the number of hours of labor. No charge is allowed for pick-up or delivery of the ~~item~~ **device** or for the assembly of Medicaid-reimbursed parts. All the following information must be entered in block 24 of the CMN/PA form:

- a. The description and HCPCS **procedure** code of the ~~device~~ **item** being serviced or repaired
- b. The age of the ~~device~~ **item**
- c. The number of times it has been previously repaired
- d. The current replacement cost

If emergency repairs are needed to ensure the continued mobility or support of the recipient, providers may request approval by calling 1-800-688-6696 or 1-919-851-8888 between 8:00 a.m. and 4:30 p.m., Monday through Friday, except holidays. Providers must be prepared to provide the information required on the CMN/PA form for service or repair of a purchased ~~item~~ **device**. The completed CMN/PA form must be received within 10 workdays of the phone approval or the prior approval will be voided.

Refer to **Attachment AB, Completing the Certificate of Medical Necessity/Prior Approval Form**, for instructions on completing the CMN/PA form.

Note: Medicaid does not cover maintenance or service contracts.

5.8 Replacing Orthotic and Prosthetic Devices

When repairing an ~~item~~ **device** that is no longer cost-effective and is out of warranty, Medicaid will consider replacing the ~~item~~ **device**. The anticipated life expectancies for some of the major categories of orthotic and prosthetic devices are listed below.

- a. Helmets are expected to last at least 6 months.
- b. Most orthotic devices are expected to last at least 3 years for adults (ages 21 years and older).
- c. Most orthotic devices are expected to last at least 6 months for children (ages birth through 20 years).
- d. Certain orthotic devices that include fabrics and/or elastic materials are expected to last shorter periods of time.
- e. Scoliosis orthotic devices are expected to last at least 6 months.
- f. Most upper limb and lower limb prosthetic devices are expected to last at least 3 years for adults (ages 21 years and older).
- g. Most upper limb and lower limb prosthetics are expected to last at least 1 year for children (ages birth through 20 years).
- h. Certain prosthetic devices that include fabric and/or soft materials are expected to last shorter periods of time.
- i. Diabetic shoes are expected to last at least one year for adults (ages 21 years and older).

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- j. Most diabetic shoes and orthopedic shoes and footwear for children (ages birth through 20 years) ~~are expected to last at least~~ may be replaced twice in 6 months ~~for children (ages birth through 20 years).~~
- k. Most orthopedic shoes and footwear for adults (ages 21 and older) ~~is expected to last at least 6 months for adults (ages 21 and older)~~ may be replaced twice a year.

Note: Providers must refer to **Attachment E, Lifetime Expectancies and Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices**, for specific information for individual devices and supplies.

Note: When requesting prior approval for the replacement of an item device before its usual life expectancy has ended, explain on the CMN/PA form why the replacement is needed.

Specific documentation in addition to the prescription and CMN/PA form is required in the following situations:

- a. ~~Equipment~~ Item loss or damage beyond repair: a letter from the social worker, case manager, child service coordinator, or treating physical or occupational therapist explaining the circumstances
- b. Theft: a copy of the police report or a letter from the appropriate person with knowledge of the occurrence, such as the school principal, social worker, etc.
- c. ~~Equipment~~ Item destruction by fire: a copy of the fire report.

Refer to **Attachment AB, Completing the Certificate of Medical Necessity/Prior Approval Form**, for instructions on completing the CMN/PA form.

6.0 Providers Eligible to Bill for the Service

6.1 Provider Qualifications

Providers other than MDs, ~~and DOs,~~ OTs, and PTs who meet Medicaid's qualifications for participation and are currently must be enrolled with DMA the N.C. Medicaid program are eligible to bill for procedures, products, and services related to this policy when they are within the scope of their practice, and meet ~~In addition,~~ all of the following conditions must be fulfilled to qualify for participation with Medicaid as an orthotics and prosthetics supplier.

Note: Providers must be enrolled and meet the provider qualifications on the date that service is provided.

- a. Providers must be Board certified or accredited by one of the following entities:
 - 1. American Board for Certification in Orthotics and Prosthetics
 - 2. Board for Orthotist/Prosthetist Certification
 - 3. Board for Certification in Pedorthics
 - 4. National Examining Board of Ocularists, Inc.
 - 5. Board of Certification in Clinical Anaplastology
 - 6. The Compliance Team, Inc.
- b. Providers cannot accept prescriptions for Medicaid-covered equipment from any physician, physician assistant or nurse practitioner or practitioner who has an ownership interest in their agency.

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- c. Providers must be enrolled and participate in Medicare as an orthotics and prosthetics supplier.
- d. The providing agency must be located within the boundaries of North Carolina or in an adjoining state from which North Carolina recipients living on the border can use the agency as a general practice. **Out-of-state providers will be enrolled when the product they supply or manufacture is not available through an enrolled provider located within the state or border area.**
- e. ~~Providers must have a North Carolina Board of Pharmacy permit.~~
- f. Providers must be either:
 - 1. A business entity authorized to conduct business in the state or in the locality where the business site is located. Proof of authorization shall include a certificate of assumed name, certificate of authority, certificate of good standing, license, permit or privilege license; or
 - 2. A Medicaid-enrolled home health agency, a state agency, a local health department, a local lead agency for the Community Alternatives Program for Disabled Adults (CAP/DA), a local lead agency for the Community Alternatives Program for the Mentally Retarded/Developmentally Disabled (CAP/MR-DD), or an agency that provides case management for the Community Alternatives Program for Children (CAP/C); or
 - 3. MDs, and DOs, OTs, and PTs who are enrolled as physicians or therapists with DMA. These individuals may provide items devices indicated "MD," and "DO," "OT," or "PT," respectively, in Attachment FE.

Note: Providers must be enrolled to provide the specific device/HCPSC procedure code they provide in order to be reimbursed for the device. See Attachment E, **Lifetime Expectancies and Quantity Limitations, and Required Professional Certification for Orthotic and Prosthetic Devices.**

~~**Note:** Providers must be enrolled and meet the provider qualifications on the date that service is provided.~~

6.2 Federal Laws

Providers must comply with the following requirements in addition to the laws specifically pertaining to Medicaid:

- a. **Title VI of the Civil Rights Act of 1964**, which states that "no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation under any program or activity receiving federal financial assistance."
- b. **Section 504 of the Rehabilitation Act of 1973**, as amended, which states that "no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."
- c. The **Americans with Disabilities Act of 1990**, which prohibits exclusion from participation in or denial of services because the agency's facilities are not accessible to individuals with a disability.

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6.3 Seeking Other Sources of Payment

Providers must take all reasonable measures to determine the legal liabilities of third parties, including Medicare and private insurance, to pay for services. If third-party liability is established, providers must bill the third party before billing Medicaid. Refer to the *Basic Medicaid Billing Guide* on DMA's Web site at <http://www.ncdhhs.gov/dma/medbillcaguide.htm> for additional information.

6.4 Accepting Payment

Providers must accept Medicaid payment according to the rules and regulations for reimbursement promulgated by the Secretary of the Department of Health and Human Services and the State of North Carolina, and established under the N.C. Medicaid program. This includes accepting Medicaid payment as payment in full.

6.5 Billing the Recipient

When a non-covered service is requested by a recipient, the provider must inform the recipient either orally or in writing that the requested service is not covered under the Medicaid program and will, therefore, be the financial responsibility of the recipient. This must be done prior to providing the service.

A provider may refuse to accept a Medicaid recipient and bill the recipient as private pay **only** if the provider informs the recipient, either orally or in writing, that the service will not be billed to Medicaid and that the recipient will be responsible for payment.

6.6 Verifying Recipient Eligibility

Providers are responsible for verifying Medicaid eligibility when a recipient presents for services.

6.7 Disclosing Ownership Information

Providers must disclose ownership and control information, and information about the provider agency's owners or employees that have been convicted of criminal offenses against Medicare, Medicaid, and the Title XX services program.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

7.2 Record Keeping

Records and documentation relating to the delivery of a Medicaid-reimbursed service must be kept for five years from the date of service. The provider must furnish any information that the U.S. Department of Health and Human Services and its agents, DMA and its agents, or the State Medicaid Fraud Control Unit requests regarding payments received for providing Medicaid services.

Providers must keep the following documentation of their services:

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- d. The prescription for the ~~item~~ **device** signed by the physician, physician assistant, or nurse practitioner specifying the order as much as possible (e.g., number being ordered, frequency to be used, duration of prescription, etc.)
- e. The original CMN/PA form for orthotic and prosthetic devices
- f. A full description of all ~~item~~ **device**(s) supplied to a recipient
- g. The dates the ~~item~~ **device**s were supplied—the delivery date for purchased ~~item~~ **device**s or the delivery and pickup dates for rental ~~item~~ **device**s—including signed pick-up and delivery slips
- h. A full description of any service or repairs, including details of parts and labor, applicable warranty information, and the date of the service or repair. If the ~~item~~ **device** is removed from the recipient's home for service or repair, record the date of removal and the date of return.

Note: All recipient information, including the recipient's Medicaid status, must be kept confidential. Provide this information only to those who are authorized to receive it.

7.3 Coordinating Care

Coordinate services to ensure appropriate recipient care while avoiding duplication or overlap.

7.3.1 Community Alternatives Programs (CAP/C, CAP/DA, CAP/MR-DD)

Providers must notify the CAP case manager of all ~~items~~ **devices** they anticipate providing to a recipient who participates in a CAP program. The CAP case manager must be aware of all services being provided to a recipient to coordinate care and keep the cost of care within the CAP limit. CAP participants have a two-letter CAP indicator in the CAP block of the Medicaid identification card.

7.3.2 Home Health Services

Because home health agencies may also provide supplies, the provider must coordinate the provision of orthotic and prosthetic devices and related supplies with any home health agencies serving the recipient to ensure that ~~supply~~ **items** **supplies** being provided by the home health agency are not being duplicated.

If orthotic or prosthetic devices are being provided to a home health recipient, the home health agency staff may be involved in helping the recipient ~~to~~ learn how to use the equipment and may be monitoring its use. Be sure ~~that~~ the recipient and ~~or~~ caregiver understands

- a. how to care for the orthotic and prosthetic devices and related supplies, and
- b. the responsibilities of the recipient/caregiver and the providing agency.

Note: The provider must give the recipient/ **and** caregiver written instructions that include provisions for emergency situations and a phone number for contacting their agency 24 hours per day.

7.3.3 Hospice

If an orthotic or prosthetic provider is requested to provide a device for a Hospice recipient, determine if the device is related to the terminal illness. Providers may not bill Medicaid for orthotic or prosthetic devices or supplies related to the terminal illness.

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Refer to Section 8.0, Billing Guidelines, **Attachment A, Claims-Related Information**, for payment restrictions related to Hospice care.

Refer to **Attachment BC, How a Recipient Obtains Orthotic and Prosthetic Devices**, for step-by-step instructions on how a recipient receives orthotic and prosthetic devices.

8.0—Billing Guidelines

8.1—Payment Rates

Providers must bill their usual and customary charges. Payment is calculated based on the lower of the provider's billed charge or the maximum amount allowed by Medicaid.

Payment for all items includes delivery to the recipient's home as well as any required fitting or assembly.

Note: Medicaid does not pay separately for travel time, shipping costs, delivery, fitting, or assembly of orthotic and prosthetic devices. Medicaid's fees include these services.

8.2—Diagnosis Codes That Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

8.3—Payment Restrictions

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

Medicaid payment is restricted in relation to Hospice services. A recipient receiving Hospice services through Medicaid or Medicare cannot receive orthotic and prosthetic coverage for items related to the treatment of the terminal illness. A recipient who meets the requirements of both services may choose which service to receive. Refer to **Section 7.2, Coordinating Care**, for additional information.

Note: Participation in a Medicaid Managed Care program or CAP may also affect coverage.

8.4—Dually Eligible Recipients

Effective with ~~date of service September 6, 2004~~, claims filed to ~~Medicare will be crossed over automatically~~ to Medicaid for payment if a Medicare Crossover Request form is on file with Medicaid for that provider and Medicare and Medicaid have matching data for the recipient. It is the provider's responsibility to check the Medicaid Remittance and Status Report to verify that the claim was crossed over from Medicare. Providers may verify that their Medicare provider number is cross-referenced to their Medicaid provider number by contacting EDS Provider Services at 1-800-688-6696 or 919-851-8888. If your Medicare provider number is not cross-referenced to your Medicaid provider number, you must complete and submit the Medicare Crossover Request form (available from DMA's Web site at <http://www.ncdhhs.gov/dma/forms.html>) and submit it by fax or mail to the fax number or address listed on the form. Claims will pay to the Medicaid provider number indicated on the claim filed to Medicare. If no Medicaid provider number is on the claim filed to

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~~Medicare, claims will pay to the Medicaid provider number indicated on the Medicare Crossover Request form.~~

~~**Note:** If you have more than one Medicaid provider number, you should indicate on the Medicare claim the Medicaid provider number for which you want to receive payment. Refer to the August 2004 Special Bulletin V, *Medicare Part B Billing*, for details regarding crossover claims for recipient with both Medicaid and Medicare eligibility.~~

8.5 — Units of Service

~~Medicaid pays for services in specific units that measure the amount of service provided to the recipient.~~

~~For orthotics and prosthetics, the units of service are as follows:~~

- ~~i. — **Purchased Equipment:** The unit of service is **1** for each item provided.~~
- ~~j. — **Service and Repair:** The unit of service is **1** for each approved service or repair unit, in 15 minute increments.~~

8.6 — Filing Claims

~~Orthotic and prosthetic providers file claims using the CMS-1500 claim form.~~

~~Refer to **Attachment C**, *Completing a Claim for Orthotic and Prosthetic Services*, for additional information.~~

8.7 — Procedure Codes

~~Refer to the Orthotic and Prosthetic Devices Fee Schedule for a list of orthotic and prosthetic devices and related supplies covered by Medicaid. The fee schedules are available on DMA's Web site at <http://www.ncdhhs.gov/dma/fee/fee.htm>.~~

8.8 — Co-Payments

~~Medicaid eligible recipients are exempt from co-payments.~~

9.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2005

Revision Information:

Date	Section Revised	Change
07/11/05	Attachment A	Instructions for completing the CMN/PA form were revised to reflect updated CM/PA form.
08/01/05	Entire Policy	Policy was expanded to include coverage for recipients through age 115.
9/1/05	Section 2.2	The special provision related to EPSDT was revised.
10/1/05	Section 8.8	Information related to copayments was added.
12/1/05	Section 2.2	The Web address for DMA's EDPST policy instructions was added to this section.

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Date	Section Revised	Change
12/1/05	Section 6.1	Board certification in Clinical Anaplastology was added as one of the conditions to qualify for participation with Medicaid as an Orthotics and Prosthetics supplier.
12/1/05	Attachment F	The provider certification requirement for BCO was revised to include board certification in Clinical Anaplastology.
1/1/06	Section 5.3.1, Attachment D and Attachment F	HCPCS codes K0628 and K0629 were end-dated and replaced with codes A5512 and A5513.
1/1/06	Section 5.3.2, Attachment D and Attachment F	HCPCS codes K0630 through K0649 were end-dated and replaced with codes L0621 through L0621 through L0640; L0860 was end-dated and replaced with L0859.
1/1/06	Section 5.3.7, Attachment D and Attachment F	HCPCS code L2039 was end-dated and replaced with codes L2034 and L2387.
1/1/06	Section 5.3.9, Attachment D and Attachment F	HCPCS code L3963 was end-dated and replaced with code L3961. HCPCS codes L3671 through L3673, L3702, L3763 through L3766, L3905, L3913, L3919, L3921, L3933, L3935, L3967, L3971, L3973, and L3975 through L3978 were added to the list of covered codes for upper limb orthoses.
1/1/06	Section 5.3.10, Attachment D and Attachment F	HCPCS codes L5703 and L5971 were added to the list of covered codes for lower limb prostheses.
1/1/06	Section 5.3.11, Attachment D and Attachment F	HCPCS codes L6883 through L6885 and L7400 through L7405 were added to the list of covered codes for upper limb prostheses.
1/1/06	Section 5.3.12, Attachment D and Attachment F	HCPCS codes L8100, L8110, L8120, L8130, L8140, L8150, L8160, L8170, L8180, L8190, L8195, L8200, L8210, L8220, L8230, and L8239 were end-dated and replaced with codes A6530 through A6544 and A6549.
1/1/06	Section 5.3.14, Attachment D and Attachment F	HCPCS code L7600 was added to the list of covered codes for orthotic and prosthetic-related supplies.
1/1/06	Attachment D and Attachment F	Code descriptions were updated for L1832 through L1844, L1846, L2036 through L2038, L2405, L3170, L3215 through L3217, L3221, L3222, L3906, and L3923.
4/1/06	Section 6.1	Information about when an out-of-state provider can enroll with N.C. Medicaid was added to item #4.
7/1/06	Attachment D and Attachment F	An asterisk was added to codes L3671, L3763, and L7405 to indicate the need for prior approval.

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Date	Section Revised	Change
7/1/06	Attachment D and Attachment F	The asterisks were deleted from codes L2387 and L7402 to indicate that prior approval is not needed.
8/1/06	Attachment D	Codes L3300, L3310, L3320, L3330, L3332, and L3334 are no longer subject to a 2-per-year limitation.
8/1/06	Attachment F	The list of board certified providers who may bill for L1831, L1386, and L1840 was updated to include CO and CPO certifications.
9/1/06	Section 6.1	The provider qualifications were updated to state that providers may be certified or accredited, and The Compliance Team, Inc. was added as one of the entities that may provide certification or accreditation.
12/1/06	Section 2.2	The special provision related to EPSDT was revised.
12/1/06	Sections 3.0, 4.0, and 5.0	A note regarding EPSDT was added to these sections.
1/1/07	Section 5.3 and Appendices	HCPCS code changes were implemented.
4/1/07	Section 2.2	Corrections were made to the EPSDT explanation.
4/1/07	Section 5.3.3	Coverage was added for helmets used for plagiocephaly.
4/1/07	Section 5.3.17	Previous coverage of orthopedic footwear (cast boot, post-operative sandal or shoe, healing shoe) was detailed in this new section and removed from 5.3.8.
4/1/07	Section 5.7	Removed requirement for statement of hourly labor rate on repair estimates.
4/1/07	Sections 2.2., 3.0, 4.0, and 5.0	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age.
7/1/07	Throughout policy	Reformatted in accordance with instructions to begin lists with letter "a." Subsequent list levels are 1, (a), and (1).
7/1/07	Sections 3.0, 6.1; Attachment F	Added allowance for medical doctors and doctors of osteopathic medicine to supply some items.
7/1/07	Section 5.1	Added note about prior approval for recipients 18 or older.
7/1/07	Attachment B	Deleted references to pediatric mobility systems.

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Date	Section Revised	Change
1/1/08	Throughout	HCPCS code update: end-dated and deleted L0960, L1855, L1858, L1870, L1880, L3800, L3805, L3810, L3815, L3820, L3825, L3830, L3835, L3840, L3845, L3850, L3855, L3860, L3907, L3910, L3916, L3918, L3920, L3922, L3924, L3926, L3928, L3930, L3932, L3934, L3936, L3938, L3940, L3942, L3944, L3946, L3948, L3950, L3952, L3954; revised the description of L3806; added L3925, L3927, L3929, L3931, L7611, L7612, L7613, L7614, L7621, L7622.
1/1/08	Sections 4.1 and 4.2	Incorporated standard language for this section; added a phrase in Section 4.2 about convenience items.
1/1/08	Section 7.2.1	Deleted reference to CAP/AIDS.
1/1/08	Attachment B, Steps 2 and 6	Updated instructions to reflect current practice.
	<u>Throughout</u>	<u>Changed “patient” to “recipient”; “item” or “equipment” to “device”; and “footwear” to “shoes” where appropriate. Referred to “a shoe” rather than “shoes” where appropriate.</u>
	<u>Section 2.1</u>	<u>Revised to reflect current standard language.</u>
	<u>Sections 3 and 4</u>	<u>Updated title to standard language.</u>
	<u>Section 3.1</u>	<u>Added standard coverage criteria.</u>
	<u>Section 3.2</u>	<u>Revised existing text to complement new Section 3.1.</u>
	<u>Section 4.1</u>	<u>Revised noncoverage criteria to reflect current standard language.</u>
	<u>Section 4.2</u>	<u>Deleted “experimental or investigational” because this is mentioned in Section 4.1.</u>
	<u>Sections 5.1 and 5.2</u>	<u>Reversed the order; Prior Approval comes first in DMA’s standard layout.</u>
	<u>Section 5.3</u>	<u>Added references to specific sections of Attachment E.</u>
	<u>Section 5.3.1</u>	<u>Changed title and first sentence to match HCPCS nomenclature; deleted the words “systemic” and “condition” before and after the word “diabetes”; clarified reference in item c to requirements in items a and b.</u>
	<u>Section 5.3.8 and throughout</u>	<u>Changed title and first sentence to match HCPCS nomenclature; changed references to the section.</u>
	<u>Section 5.3.10 and Attachment E</u>	<u>Added HCPCS procedure code L5964 and deleted HCPCS procedure code L5799; deleted duplicate listings in Section 5.3.10.</u>
	<u>Section 5.3.16</u>	<u>Added section title.</u>
	<u>Section 5.7</u>	<u>Added code L4002 to this section (it was already in Attachment E).</u>

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Date	Section Revised	Change
	<u>Section 5.8</u>	<u>Revised summary statements of life expectancies for diabetic and orthopedic shoes for children and orthopedic shoes for adults.</u>
	<u>Section 6.1 and Attachment E (combined table)</u>	<u>Added OTs and PTs to Provider Qualifications; incorporated current standard language and moved Note from end of Section 6.1 to just above the list of additional requirements; added definitions of OT and PT to abbreviations list for combined lifetime expectancies, quantity limitations, and provider certification table.</u>
	<u>Section 6.1</u>	<u>Removed requirement that providers be licensed by the N.C. Board of Pharmacy.</u>
	<u>Section 7.1</u>	<u>Added standard statement about compliance with applicable laws and regulations.</u>
	<u>Section 8.0 and throughout</u>	<u>Moved Billing Guidelines to Attachment A, Claims-Related Information; renumbered subsequent attachments; and corrected citations to the Attachments throughout the policy.</u>
	<u>New Attachment A</u>	<u>Added information about modifiers and place of service.</u>
	<u>Former Attachment B (now Attachment C)</u>	<u>Deleted explanation of the various colors of Medicaid ID cards and what services may be provided to various recipient categories.</u>
	<u>Former Attachment C (now Attachment D)</u>	<u>In the Instructions chart, changed “Item” to “Block” when it described a location on the form.</u>
	<u>Former Attachments D and F (now Attachment E)</u>	<u>Combined Lifetime Expectancies, Quantity Limitations, and Required Professional Certification into one table; separated by category; added internal headings to each category; listed in the Table of Contents; corrected descriptions to match HCPCS procedure codes as of 2008.</u>
	<u>Former Attachments D and F (now Attachment E)</u>	<u>Removed prior approval requirement from codes L3806, L3808, L3915, L3925, L3929, and L3931.</u>
	<u>Former Attachment D (now E)</u>	<u>Added Certified Fitters of Therapeutic Shoes (CFts) as approved provider certifications to codes A5500 and A5512.</u>

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Date	Section Revised	Change
	<u>Former Attachment D (now E)</u>	<u>Added OT and/or PT to codes A6530–A6544, A8000, A8001, L0120, L1499, L1800, L1810, L1815, L1820, L1825, L1830–L1832, L1901, L1902, L1906, L1907, L1930, L1940, L1960, L1970, L1971, L2820, L3000, L3010, L3020, L3040, L3050, L3060, L3650–L3652, L3660, L3670, L3700, L3701, L3760, L3762, L3764, L3765, L3806–L3808, L3900, L3905, L3906, L3908, L3909, L3911–L3913, L3915, L3917, L3919, L3921, L3923, L3925, L3927, L3929, L3931, L3933, L3935, L3969, L3970, L3972, L3974, L3980, L3995, L4350, L4360, L4370, L4380, and L4386.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “6 months for all ages” for codes L5618, L5620, L5622, L5624, L5626, L5628, L5629–L5632, L5634, L5637, L5640, L5643, L5645, L5647, L5649–L5656, L5658, L5661, L5665, L5666, L5668, L5670–L5672, L5676, L5677, L5680, L5686, L5688, L5690, L5692, L5694–L5698, L6600, L6605, L6610, L6680, L6682, L6684, L6686–L6691, L6698, and L7403–L7405.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancies/quantity limitations from “2 per year through age 20 and 1 per year for 21 and over” to “2 per year, all ages” for L5681, L5683, L6655, L6660, and L6665.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “1 year all ages” for L5962, L5964, L5966.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “2 per 6 months, all ages” for L6632.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancies/quantity limitations from “1 year through age 20 and 3 years for 21 and over” to “1 per year, all ages” for L6670, L6672, L6675, and L6676.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancies/quantity limitations from 1 year to “2 per year, all ages” for L8010.</u>
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancy/quantity limitation from “2 years through age 20 and 5 years for 21 and over” to “18 months through age 5 and 3 years for 6 and over” for V2625.</u>

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Date	Section Revised	Change
	<u>Former Attachment F (now E)</u>	<u>Changed lifetime expectancy/quantity limitation from “2 years through age 20 and 5 years for 21 and over” to “6 per year through age 2 and 2 years for 3 and over” for V2628.</u>
	<u>Former Attachment F (now E)</u>	<u>Add the phrase “all ages” to lifetime expectancy/quantity limitations where appropriate.</u>

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Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

A. Claim Type

Professional (CMS-1500/837P transaction)

Refer to **Attachment C, Completing a Claim for Orthotic and Prosthetic Services**, for additional information.

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

C. Procedure Codes

Refer to the Orthotic and Prosthetic Devices Fee Schedule for a list of orthotic and prosthetic devices and related supplies covered by Medicaid. The fee schedules are available on DMA's Web site at <http://www.ncdhhs.gov/dma/fee/fee.htm>. **Attachment E** in this policy shows lifetime expectations, quantity limitations, and required provider certifications.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

Medicaid pays for services in specific units that measure the amount of service provided to the recipient.

For orthotics and prosthetics, the units of service are as follows:

- a. **Purchased Equipment:** The unit of service is **1** for each device provided.
- b. **Service and Repair:** The unit of service is **1** for each approved service or repair unit, in 15-minute increments.

F. Place of Service

In the home

G. Co-Payments

Medicaid-eligible recipients are exempt from co-payments for orthotic and prosthetic devices.

H. Reimbursement

Providers must bill their usual and customary charges. Payment is calculated based on the lower of the provider's billed charge or the maximum amount allowed by Medicaid.

Payment for all devices includes delivery to the recipient's home as well as any required fitting or assembly.

Note: Medicaid does not pay separately for travel time, shipping costs, delivery, fitting, or assembly of orthotic and prosthetic devices. Medicaid's fees include these services.

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I. **Payment Restrictions**

Medicaid payment is restricted in relation to hospice services. A hospice agency that Medicaid is reimbursing for care of a terminally ill recipient must supply all orthotic and prosthetic equipment and supplies for treatment relative to the terminal illness. Only those devices unrelated to the treatment of the terminal illness may be provided and billed by an enrolled orthotic and prosthetic provider. Refer to **Section 7.2, Coordinating Care**, for additional information.

Note: Participation in a Medicaid managed care program or CAP may also affect coverage.

J. **Dually Eligible Recipients**

Effective with **date of service September 6, 2004**, claims filed to **Medicare will be crossed over automatically** to Medicaid for payment if a Medicare Crossover Request form is on file with Medicaid for that provider and Medicare and Medicaid have matching data for the recipient. It is the provider's responsibility to check the Medicaid Remittance and Status Report to verify that the claim was crossed over from Medicare. Providers may verify that their Medicare provider number is cross-referenced to their Medicaid provider number by contacting EDS Provider Services at 1-800-688-6696 or 919-851-8888. Providers whose Medicare provider number is not cross-referenced to their Medicaid provider number may have it cross-referenced by completing the Medicare Crossover Request form (available from DMA's Web site at <http://www.ncdhhs.gov/dma/forms.html>) and submitting it by fax or mail to the fax number or address listed on the form. Claims will pay to the Medicaid provider number to which the NPI filed on the Medicare claim crosswalks in the Medicaid claims payment system. If the NPI on the claim filed to Medicare is different from the one registered with Medicaid, the provider will need to resubmit the claim with the correct NPI and taxonomy.

Note: If the claims payment system is unable to map to the correct Medicaid provider number, refer to the May 2008 Special Bulletin 3, *National Provider Identifier*, for instructions. Refer to the August 2004 Special Bulletin V, *Medicare Part B Billing*, for details regarding crossover claims for a recipient with both Medicaid and Medicare eligibility.

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Attachment B: Completing the Certificate of Medical Necessity/ Prior Approval Form

The Certificate of Medical Necessity/Prior Approval (CMN/PA) form is completed according to the following instructions. All blocks **must** be completed unless they are listed as optional. An example of a completed form follows the instructions.

Block #/Description	Instruction
1. Patient's Last Name, First, Middle	Enter the patient's last name, first name, and middle name as it appears on the patient's Medicaid ID card.
2. Birth Date (MM/DD/YYYY)	Enter the month, day, and year of the patient's date of birth.
3. Sex	Enter an F or M to indicate the patient's sex.
4. Medicare Number	Enter the patient's Medicare number – nine digits and a letter. Enter N/A if the patient is not on Medicare.
5. Medicaid Number	Enter the patient's Medicaid number – nine digits and a letter.
6. Patient's Address and Telephone Number	(Optional entry) Enter the patient's street address, city, state and zip code – and phone number with the area code.
7. Provider Number/Attending Number	Enter the supplier's Medicaid provider number – this is a seven-digit number. For orthotic and prosthetic devices the Board Certified attending number must also be provided.
8. Provider Name, Address and Telephone Number	Enter the supplier's name, street address, city, state and zip code – and phone number with the area code.
9. Prescribing Physician Name, Address and Telephone Number	Enter the prescribing physician's name, street address, city, state and zip code – and phone number with the area code.
10. Provider Number	(Optional entry) Enter the physician's Medicaid provider number – this is a seven-digit number.
11. ICD-9-CM, Principal Diagnosis, and Date	Enter the description of the principal diagnosis and the date of onset. Entering the ICD-9-CM code is optional unless coverage of the device is restricted to specific codes. (The code is needed on the claim; therefore, it is helpful to obtain it from the physician when completing the CMN/PA.)
12. ICD-9-CM, Other Pertinent Diagnoses and Date	Enter the description of the secondary or pertinent diagnosis(es), and the date(s) of onset. Entering the ICD-9-CM code(s) is optional.
13. CPT-4, Surgical Procedure	If a surgical procedure is related to the need for DME, enter the name of the procedure and the date it was performed. Entering the CPT-4 code is optional.
14 - 23:	For the items 14 through 23, check the applicable blocks to justify the need for the requested item(s). Write additional information as needed for justification. Enter N/A if not applicable to the patient and the item being provided. The patient's height and weight is required.
24. Patient's status will be monitored by physician while equipment is provided	Check this block if the item requires the physician to provide instructions to the recipient and monitor the recipient's status during the period that the equipment is being used. This block must be checked for percussors (E0480), glucose monitors (E0607), apnea monitors (E0619), external insulin pumps (E0784), ultraviolet lights (E0691 or E0692), photo therapy units (E0202) and passive motion exercise device (E0935).

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Block #/Description	Instruction
25. Provide objective information to substantiate medical necessity of equipment	Provide additional information to justify the need for the item(s) or special features. See Appendix F for requirements for selected items, including apnea monitors, bi-level therapy, CPAP, external insulin pumps, oxygen and oxygen equipment, portable pulse oximeters, pressure reducing support surfaces, TENS units, therapeutic ventilators, and wheelchairs.
26.	<p>Enter information for each item requested EXT: Check if requesting an extension of a previous prior approval. PRIOR APPROVAL NO.: Leave blank. FROM DATE and TO DATE: Customized Equipment, Prosthetics and Orthotics: Enter the date of the physician's prescription in the FROM block. Enter a date six months after the FROM date in the TO block. Other Purchased Equipment and DME-Related Supplies: Enter the date the item is expected to be delivered to the patient in the from FROM box. Enter a date six months after the FROM date in the TO box. Rental Equipment: Enter the anticipated beginning of the rental period in the FROM block. Enter the expected and of the rental period in the TO block. Service and Repairs: Enter the expected date that the item is to be serviced or repaired in the FROM block. Enter a date three months after the FROM date in the TO block. EDS Use Only: Leave blank. R – N - U: Check R for rental, Check N for a new purchase or U for a used purchase. HCPCS CODE: Enter the HCPCS procedure code for the item. Enter RT for right side or LT for left side for appropriate orthotic and prosthetic codes. EQUIPMENT DESCRIPTION Enter the description that corresponds to the HCPCS procedure code for each item requested. REMEMBER: <i>Rentals are billed as type of service E on the claim form.</i></p>
27. Provider Signature/Board Certified Practitioner Signature and Date	An authorized representative of the supplier signs and dates the form to show acceptance of the order and agreement to provide the requested items. A signature stamp is acceptable – stamp all three pages. For items on the Orthotic and Prosthetic Fee Schedule, the certified staff member authorized to provide the item must sign and date the form to indicate that their level of expertise is appropriate for the device and that the appropriate device will be provided.
28. Physician, Physician Assistant, or Nurse Practitioner Signature and Date	<p>The physician, physician assistant , or nurse practitioner signs and dates the form to verify the accuracy of the information on the form, the medical necessity for the requested item(s) and, if applicable, the agreement to provide instruction and supervision to the recipient. NOTE: <i>Signature stamps are NOT acceptable for the physician, physician assistant, or nurse practitioner signature.</i></p>
29. Return Address	Enter your company name and the mailing address that you want the form returned. You may handwrite, type or stamp the information on the form.

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Example of CMN/PA Form for Orthotics and Prosthetics

1A

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*** DO NOT LEAVE ANY BLOCKS BLANK**
CERTIFICATE OF MEDICAL NECESSITY AND PRIOR APPROVAL FORM FOR DURABLE MEDICAL EQUIPMENT AND ORTHOTIC AND PROSTHETIC DEVICES
North Carolina Division of Medical Assistance - Medicaid Program

1. Patient's Last Name Recipient Jane D.		2. Birth Date (MM/DD/YYYY) 01-05-1999	3. Sex F	4. Medicare Number N/A
5. Medicaid Number 999-99-9999 T		6. Patient's Address 123 Any Street Any Town, NC 12345		Telephone Number 919 987-6543
7. Provider Number/Attending Number 7700319 / 7799007		8. Provider Name Acme Orthotics & Prosthetics		Address 123 Any Street Any Town, NC 12345
9. Prescribing Physician Name Dr. Joe Provider		Address 23 Any Street Any Town, NC 12345		Telephone Number 919 246-1357
10. Provider Number 89999999				
11. ICD-9-CM 754.51	Principal Diagnosis Talipes Equinovarus	Date 2/10/05	12. ICD-9-CM 343.9	
13. CPT-4 276.85	Surgical Procedure Heelcord Lengthening	Date 4/15/05	Other Pertinent Diagnoses Infantile Cerebral Palsy	
Date 3/99				

MEDICAL AND FUNCTIONAL STATUS

14. **CONDITION :** ☒ Stable ☐ Unstable Height: **34"** Weight: **48lbs.**

15. **PROGNOSIS:** ☐ Terminal ☐ Poor ☐ Guarded ☐ Fair ☒ Good ☐ Excellent

16. **PATIENT :** ☐ Requires positioning not feasible in ordinary bed ☐ Unattended for long periods of time ☐ Lives alone **(N/A)**

17. **EQUIPMENT :** ☐ Necessary to retard deterioration of condition ☒ Necessary for function: specify **ambulation** Length of need _____ days/months/years

18. **MENTAL :** ☒ Oriented ☐ Forgetful ☐ Disoriented ☐ Agitated ☐ Comatose ☐ Depressed ☐ Lethargic ☐ Infant ☐ Other: specify _____

19. **NEUROLOGICAL :** Muscle Tone: ☐ Normal ☒ Increased ☐ Decreased ☐ Fluctuating
Sensation: ☒ Normal ☐ Abnormal: specify _____

20. **RESPIRATORY :** ☒ Normal: ☐ SOB on Minimal Exertion ☐ Tracheostomy
☐ O2: Flow Rate: _____ Frequency: _____ Test Date: _____ Results: _____

21. **SKIN :** ☒ Normal ☐ Other: specify _____ ☐ Decubiti: specify _____

22. **AMBULATORY :** ☐ Complete bedrest -- or -- ☒ Up as tolerated
☐ Transfers bed-chair: ☐ Independently ☐ Wheelchair use: Confined ☐ Yes ☐ No ☒ Walks: ☐ Unassisted ☒ With assistive device: specify **walker**
Hours / day _____

23. Can place of residence physically accommodate equipment being requested? ☒ Yes ☐ No ☐ max distance walked: _____

24. Patient's status will be monitored by physician while equipment is provided. ☒ Yes ☐ No

25. Provide objective information to substantiate medical necessity of equipment: **AFO is necessary for patient function and completion of ADLs within her home.**

ITEM NO.	EXT	SERVICE REVIEW NO. (EDS USE ONLY)	FROM DATE	TO DATE	EDS Use Only	R	N	U	HCPCS CODE	EQUIPMENT DESCRIPTION
1			07/02/05	01/01/06					L196DLT	AFO, posterior, solid ankle
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

27. **A. Provider / BC Practitioner** 7/5/05
Provider Signature/Board Certified Practitioner Date

28. **A. Doctor** 7/11/05
Physician, Physician Assistant, Nurse Practitioner Signature Date

29. Return Address
Acme Orthotics & Prosthetics
1 Main Street
Any Town, NC 12345

Return to: EDS/PA
P.O. Box 31188
Raleigh, NC 27622

30. Approval constitutes medical approval for services only. Eligibility for care in the month in which services are provided should be verified from patient's Medicaid card.

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Attachment C: How a Recipient Obtains Orthotic and Prosthetic Devices

The following steps outline how a recipient receives orthotic and prosthetic devices. The steps are in the order that they are usually accomplished.

Note: These procedures do not apply when Medicare is the primary payer. Providers are responsible for knowing when an **item/device** provided to a Medicare-Medicaid recipient should be billed to Medicare first. The fee schedule indicates the **item/devices** that must always be billed to Medicare for dually-eligible recipients. For other Medicare/Medicaid covered **items/devices** billed to Medicaid for a dually-eligible recipient, the provider must maintain documentation to support a decision to bill Medicaid as primary.

Step 1 Receive Physician's Prescription

A physician, physician assistant, or nurse practitioner who has personally examined the recipient writes a prescription for the needed orthotic or prosthetic device. The prescription is given to the orthotic and prosthetic provider. If the orthotic or prosthetic device is provided by an MD or DO, the prescription for the device must be retained in the **patient/recipient's** record.

Step 2 Complete Documentation of Need

For all orthotic and prosthetic devices, complete each item on the Certificate of Medical Necessity/Prior Approval (CMN/PA) form, unless the instructions indicate that a block is optional. Include any additional documentation required to document medical necessity.

Send the CMN/PA to the prescribing physician, physician assistant, or nurse practitioner for completion of the items requiring the physician's knowledge and expertise. Ask the physician, physician assistant, or nurse practitioner to sign and date the form.

For requests for orthotic and prosthetic devices not listed on the Orthotic and Prosthetic Fee Schedule, but coverable under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for recipients under 21 years of age, complete a Non-Covered State Medicaid Plan Services Request Form in addition to the CMN/PA. This form is available on the DMA Web site at <http://www.ncdhhs.gov/dma/forms.html> (under Provider Forms, Prior Approval category). Submit this form with the CMN/PA to

Assistant Director, Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, N.C. 27699-2501
Fax 919 715-7679

Refer to **Attachment AB, Completing the Certificate of Medical Necessity/Prior Approval Form**, for a sample of and instructions for completing the CMN/PA form.

Step 3 Verify Medicaid Eligibility

Verify Medicaid eligibility according to the guidelines in **Section 2.0, Eligible Recipients**. ~~When checking the color of the recipient's Medicaid identification card, remember the following:~~

~~**Blue:** The recipient may be considered for orthotic and prosthetic devices.~~

~~**Pink:** Covers only pregnancy-related services. Orthotic and prosthetic devices must be related to the pregnancy in order to be covered.~~

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~~**Buff:** Not eligible for orthotic and prosthetic devices. (Medicaid will pay the Medicare copayments when Medicare covers an orthotic and prosthetic device.)~~

Note: Check all other key information on the card such as eligibility dates, insurance information, and other important items. If the card shows that a recipient participates in a Medicaid Managed Care program, CAP or Hospice, coverage may be affected.

Refer to **Section 7.2 Coordinating Care**, for additional information.

Step 4 Assess Appropriateness

Although the recipient's physician, physician assistant or nurse practitioner is responsible for prescribing orthotic and prosthetic devices, providers should review the available information to see if an **item/device** appears appropriate. Key points are as follows:

- Does the recipient have a medical necessity for the **item/device**?** Look at whether the **item/device** is a necessity or a convenience for the recipient or his caregivers. For example, a recipient may want orthopedic footwear. However, regular footwear meets the recipient's needs.
- Is the **item/device** appropriate for the recipient's situation?** Check to ensure that the recipient or his caregiver can appropriately and safely apply the orthotic and prosthetic device.
- Has Medicaid previously furnished this **item/device** to the recipient?** If Medicaid has previously purchased the same equipment for a recipient, refer to **Section 5.8, Replacing Orthotics and Prosthetics**, for information about replacement.

Step 5 Resolve Questions and Concerns

Resolve any questions or concerns you have about an orthotic and prosthetic device before you provide it. If anything ordered by the physician, physician assistant or nurse practitioner appears inappropriate or a potential source of problems, contact the physician, physician assistant or nurse practitioner.

Step 6 Request Prior Approval

If a device requires prior approval, and is listed on the Orthotic and Prosthetic Fee Schedule, send the completed three-part CMN/PA form to the address listed on the form.

All devices requested under EPSDT require prior approval. Send the completed three-part CMN/PA form with the Non-Covered State Medicaid Plan Services Request Form and all related medical documentation to the Assistant Director, Clinical Policy and Programs, at the address given in Step 2.

EPSDT does not eliminate the requirement for prior approval if prior approval is required.

Approved Requests: The CMN/PA form will show a PA number for each **item/device** and the time period for which it is approved. The dates of service that you bill must be within the approved period. Refer to **Attachment CD, Completing a Claim for Orthotic and Prosthetic Services**, for additional instructions about completing item **24A** on the CMS-1500 claim form.

Denied Requests: Recipients who would like for a denied request to be reconsidered may appeal to the DMA Hearing Office.

Note: Prior approval authorizes payment of an O and P **item/device** only if the person is Medicaid eligible. It does not ensure that the recipient is on Medicaid or waive other prerequisites to payment such as billing third-party payers. You must verify Medicaid eligibility and meet other reimbursement responsibilities.

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Attachment D: Completing a Claim for Orthotic or Prosthetic Services

Refer to the following information for completing a CMS-1500 claim form for O&P services.

Block #/Description	Instruction
1.	Place an X in the MEDICAID block.
1a. Insured's ID Number	Enter the recipient's Medicaid ID number (nine digits and the alpha suffix) from the recipient's Medicaid ID card.
2. Recipient's Name	Enter the recipient's last name, first name and middle initial from the Medicaid ID card.
3. Recipient's Birth Date/Sex	Enter eight numbers to show the recipient's date of birth - MMDDYYYY. The birth date is on the Medicaid ID card. EXAMPLE: November 14, 1949 is 11141949 . Place an X in the appropriate block to show the recipient's sex.
4. Insured's Name.	Leave blank
5. Recipient's Address	Enter the recipient's street address, including the city, state and zip code. The information is on the Medicaid ID card. Entering the telephone number is optional.
6. – 8.	Leave blank.
9. Other Insurer's Name	Enter applicable private insurer's name or the appropriate Medicare override statement if you know that Medicare will not cover the billed item, using the EXACT wording shown below: <i>This is a Medicare non-covered service.</i> <i>Service does not meet Medicare criteria.</i> <i>Medicare benefits are exhausted.</i> REMEMBER: You must have documentation to support the use of any of these statements.
9a. – 9d.	Enter applicable insurance information.
10. Is Recipient's Condition...?	Place an X in the appropriate block for each question.
11. – 14.	Optional.
15. – 16.	Leave blank.
17., 17a., and 18.	Optional.
19. Reserved for Local Use	If the claim is for a Carolina ACCESS participant, enter the primary care provider's referring number – otherwise leave blank.
20. Outside Lab...	Leave blank.
21. Diagnosis or Nature of Illness	Enter the ICD-9-CM code(s) to describe the primary diagnosis related to the service. You may also enter related secondary diagnoses. Entering written descriptions is optional.
22. Medicaid Resubmission Code	Leave blank.
23. Prior Authorization Number	Leave blank.

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Note: Blocks 24A through 24K are where you provide the details about what you are billing. There are several lines for listing services. Each line is called a "detail." When completing these blocks:

- Use one line for each HCPCS **procedure** code that you bill on a given date.
- If you provide more than one **unit** of the same **item** on one day, include all the **item** on the same line. For example, if you provide 2 ankle-foot orthotics on May 1, include both on one line. Enter 2 units in 24G for that date of service.
- Include only dates of service for which the recipient is eligible for Medicaid.

Block #/Description	Instructions
24a. Date(s) of Service, From/To	Your entry depends upon the services: Prosthetics and Orthotics: You may enter either the date of the physician's prescription or the date of delivery to the recipient's home as the date of service. Place the date in the FROM block. Enter the same date in the TO block. Service and Repairs: Enter the date that the item is serviced or repaired in the recipient's home as the date of service. If the item is removed from the recipient's home for service or repairs, enter the date that it is returned. Place the date in the FROM block. Enter the same date in the TO block.
24b. Place of Service	Enter 12 to show the items are provided at the recipient's residence.
24c. Type of Services	Leave blank.
24d. Procedures, Services...	Enter the appropriate HCPCS procedure code and modifier: NU for new purchase. Indicate RT for right side or LT for left side, if appropriate to the HCPCS procedure code.
24e. Diagnosis Code	Leave blank.
24f. Charges	Enter the total charge for the items on the line.
24g. Days or Units	Enter the number of units or devices as follows: Prosthetics and Orthotics: Enter the number of units or devices provided on the date of service. Service and Repair: Enter 1 unit for each 15-minute increment being billed.
24h. – 24i.	Leave blank.
24j. – 24k.	Optional.
25. Federal Tax ID Number	Optional
26. Recipient's Account No.	Optional. You may enter your agency's record or account number for the recipient. The entry may be any combination of numbers and letters up to a total of nine characters. If you enter a number, it will appear on your RA. This will assist in reconciling your accounts.
27. Accept Assignment	Leave blank.
28. Total Charge	Enter the sum of the charges listed in Item Block 24F .
29. Amount Paid	Enter the total amount received from third party payment sources.
30. Balance Due	Subtract the amount in Item Block 29 from the amount in Item Block 28 and enter the result here.
31. Signature of Physician or Supplier...	Leave blank if there is a signature on file with Medicaid. Otherwise, an authorized representative of your agency must sign and date the claim in this block. A written signature stamp is acceptable.
32. Name and Address of Facility...	Optional.
33. Physician's/ Supplier's Billing Name...	Enter your agency's name, address, including ZIP code, and phone number. The name and address must be EXACTLY as shown on your Medicaid orthotic and prosthetic participation agreement.
PIN#	Enter your seven-digit board-certified attending practitioner provider number.
GRP#	Enter your seven-digit Medicaid orthotic and prosthetic provider number.

Remember: When submitting a claim for manually priced **item** **devices**, **you must also attach** an invoice ~~must also be attached~~ to the claim.

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Example of Claim Form for Orthotics and Prosthetics

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

1. MEDICARE ☐ MEDICAID ☒ CHAMPUS ☐ CHAMPVA ☐ GROUP HEALTH PLAN (SSN or ID) ☐ FECA BLK LUNG (SSN) ☐ OTHER (ID) ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Recipient, Jane, D.

3. PATIENT'S BIRTH DATE
MM DD YY 05 01 99 M ☐ F ☒

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
999-99-9999T

5. PATIENT'S ADDRESS (No., Street)
123 Any Street

6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)
CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE)

8. PATIENT STATUS
Single ☐ Married ☐ Other ☐
Employed ☐ Full-Time Student ☐ Part-Time Student ☐

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
c. EMPLOYER'S NAME OR SCHOOL NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES ☐ NO ☐
b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State)
c. OTHER ACCIDENT? YES ☐ NO ☐
10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
b. EMPLOYER'S NAME OR SCHOOL NAME
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED

14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? YES ☐ NO ☐ \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
1. 754.1
2. 343.9
3.
4.
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE, From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPST Family Plan	EMG	COB	RESERVED FOR LOCAL USE
07 20 05 07 20 05	12		L1960 INUR		295 00 1					

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For gov't claims, see back) YES ☐ NO ☐

28. TOTAL CHARGE \$295 00
29. AMOUNT PAID \$
30. BALANCE DUE \$295 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED A. Brinder DATE 7/27/05

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
Acme Orthotics & Prosthetics
1 Any Street
Any Town, NC 12345
PIN# 7799001 GRP# 7700000

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) PLEASE PRINT OR TYPE APPROVED OMB-0938-0008 FORM CMS-1500 (12/90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1503, APPROVED OMB-0720-0001 (CHAMPUS)

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Attachment E: Lifetime Expectancies and Quantity Limitations, and Required Provider Certifications for O&P Orthotic and Prosthetic Devices

This chart indicates Along with lifetime expectancies and quantity limitations, the charts that follow indicate the level of board-certified provider required for each orthotic and prosthetic HCPCS procedure code. The following board-certified providers (listed in alphabetic order by abbreviation) may be reimbursed for orthotic and prosthetic service.

BCO indicates National Examining Board of Ocularists or Board for Certification in Clinical Anaplastology-Certified Ocularists

CFts indicates certified fitter of therapeutic shoes

CMF indicates Board for Orthotist/Prosthetist Certification (BOC)-Certified Mastectomy Fitter

CO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Orthotist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Orthotist

COF indicates Board for Orthotist/Prosthetist Certification (BOC)-Certified Orthotic Fitter

CP indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Prosthetist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Prosthetist

CPed indicates Board for Certification in Pedorthics (BCP)-Certified Pedorthist

CPO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Certified Prosthetist/Orthotist or Board for Orthotist/Prosthetist Certification (BOC)-Certified Prosthetist/Orthotist

DO indicates doctor of osteopathic medicine

MD indicates medical doctor

OT indicates a licensed occupational therapist

PT indicates a licensed physical therapist

RFM indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Mastectomy

RFO indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Orthotics

RFOM indicates American Board for Certification in Orthotics and Prosthetics (ABC)-Registered Fitter-Orthotics Mastectomy

Asterisks (*) following HCPCS codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.

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A. Diabetic Shoes, Fitting, and Modifications

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A5500*	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, Cped, CFts
A5501*	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5503*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5504*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5505*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5506*	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5507*	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	2 per 6 months: ages 0–20; 2 per 1 year ages 21 and older	CO, CP, CPO, CPed
A5512*	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	3 per foot, per year	CO, CP, CPO, Cped, MD, DO, CFts
A5513*	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 3/16 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	3 per foot, per year	CO, CP, CPO, CPed, MD, DO

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B. Helmets

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, RFO, COF, RFOM, OT , PT
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, RFO, COF, RFOM, OT , PT
A8002*	Helmet, protective, soft, custom fabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO
A8003*	Helmet, protective, hard, custom fabricated, includes all components and accessories	6 months: ages 0–20 3 years: ages 21–115	CO, CPO
A8004*	Soft interface for helmet, replacement only	6 months	CO, CPO, RFO, COF, RFOM

C. Spinal Orthoses

Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0112*	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO
L0120	Cervical, flexible, nonadjustable (foam collar)	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PT
L0130	Cervical, flexible, thermoplastic collar, molded to patient	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L0140	Cervical, semi-rigid, adjustable (plastic collar)	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	6 months: ages 0–20; 2 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0170*	Cervical, collar, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two piece	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0210	Thoracic, rib belt	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO
L0220	Thoracic, rib belt, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0430*	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (DeWall Posture Protector only)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks, with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, with rigid stays or panel(s), includes shoulder straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0456*	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0458*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps, closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0460*	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0462*	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0464*	TL SO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0466	TL SO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0468	TL SO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures, and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0470*	TL SO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0472	TL SO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping frame, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0480*	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0482*	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0484*	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0486*	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0488*	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Spinal Orthoses			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design , prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous closures , may include pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, MD, DO
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO, MD, DO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0627	Lumbar orthosis, sagittal control, rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year :ages 21 and older	CO, CPO
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0631*	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0632*	Lumbar-sacral orthosis, LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0633	Lumbar-sacral orthosis, LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0634	Lumbar-sacral orthosis, LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0635*	Lumbar-sacral orthosis, LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0636*	Lumbar-sacral orthosis, LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0637*	Lumbar-sacral orthosis, LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0638*	Lumbar-sacral orthosis, LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0639*	Lumbar-sacral orthosis, LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L0640*	Lumbar-sacral orthosis, LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0700*	CTL SO, anterior-posterior-lateral control, molded to patient model (Minerva type)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0710*	CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0810*	Halo procedure, cervical halo incorporated into jacket vest	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0820*	Halo procedure, cervical halo incorporated into plaster body jacket	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0830*	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Spinal Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L0859*	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L0861	Addition to halo procedure, replacement liner/interface material	2 per 6 month	CO, CPO
L0970	TLSO, corset front	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0972	LSO, corset front	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0974	TLSO, full corset	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0976	LSO, full corset	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO
L0978	Axillary crutch extension	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0980	Peroneal straps, pair	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0982	Stocking supporter grips, set of four (4)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0984	Protective body sock, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L0999*	Addition to spinal orthosis, not otherwise specified NOS	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1000	Cervical thoracic lumbar sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	6 months: ages 0-20; 3 years: ages 21 and older	ABC CO and ABC CPO only
L1001*	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	6 months	CO, CPO

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D. Scoliosis Orthoses

Scoliosis Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1000*	CTLSSO (Milwaukee), inclusive of furnishing initial orthosis, including model	6 months: ages 0-20; 3 years: ages 21 and older	ABC-CO and ABC-CPO only
L1001*	<u>Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment</u>	<u>6 months all ages</u>	<u>CO, CPO</u>
L1005*	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1010	Addition to CTLSSO or scoliosis orthosis, axilla sling	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1020	Addition to CTLSSO or scoliosis orthosis, kyphosis pad	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1025	Addition to CTLSSO or scoliosis orthosis, kyphosis pad, floating	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1030	Addition to CTLSSO or scoliosis orthosis, lumbar bolster pad	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1040	Addition to CTLSSO or scoliosis orthosis, lumbar or lumbar rib pad	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1050	Addition to CTLSSO or scoliosis orthosis, sternal pad	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1060	Addition to CTLSSO or scoliosis orthosis, thoracic pad	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1070	Addition to CTLSSO or scoliosis orthosis, trapezius sling	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1080	Addition to CTLSSO or scoliosis orthosis, outrigger	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1085	Addition to CTLSSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1090	Addition to CTLSSO or scoliosis orthosis, lumbar sling	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1100	Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1110	Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1120	Addition to CTLSSO or scoliosis orthosis, cover for upright, each	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1200*	TLSO, inclusive of furnishing initial orthosis only	6 months <u>all ages</u>	ABC-CO and ABC-CPO only
L1210	Addition to TLSO (low profile), lateral thoracic extension	6 months <u>all ages</u>	ABC-CO and ABC-CPO only

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Scoliosis Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1220	Addition to TLSO (low profile), anterior thoracic extension	6 months all ages	ABC-CO and ABC-CPO only
L1230	Addition to TLSO (low profile), Milwaukee type superstructure	6 months all ages	ABC-CO and ABC-CPO only
L1240	Addition to TLSO (low profile), lumbar derotation pad	6 months all ages	ABC-CO and ABC-CPO only
L1250	Addition to TLSO (low profile), anterior ASIS pad	6 months all ages	ABC-CO and ABC-CPO only
L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	6 months all ages	ABC-CO and ABC-CPO only
L1270	Addition to TLSO (low profile), abdominal pad	6 months all ages	ABC-CO and ABC-CPO only
L1280	Addition to TLSO (low profile), rib gusset (elastic), each	6 months all ages	ABC-CO and ABC-CPO only
L1290	Addition to TLSO (low profile), lateral trochanteric pad	6 months all ages	ABC-CO and ABC-CPO only
L1300*	Other scoliosis procedure, body jacket molded to patient model	6 months all ages	ABC-CO and ABC-CPO only
L1310*	Other scoliosis procedure, post operative body jacket	6 months all ages	ABC-CO and ABC-CPO only
L1499*	Spinal orthosis, not otherwise specified	6 months all ages	CO, CPO, PT

E. Lower Limb–Hip

Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1500*	THKAO, mobility frame (Newington, Parapodium types)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1510*	THKAO, standing frame, with or without tray and accessories	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1520*	THKAO, swivel walker	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1630	HO, abduction control of hip joints, semi-flexible, (Von Rosen type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1650	HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1652	HO, abduction control of hip joints, static, plastic, Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1660	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1680*	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1685*	HO, abduction control of hip joint, post-operative hip abduction type, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1686*	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1690*	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1700*	Legg Perthes orthosis, (Toronto type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1710*	Legg Perthes orthosis, (Newington type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1720*	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1730*	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1750*	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1755*	Legg Perthes orthosis, (Patten bottom type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PT
L1820	KO Knee orthosis , elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PT
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PT
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PT
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO
L1832*	KO Knee orthosis , adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1834*	KO, without knee joint, rigid, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1836	KO Knee orthosis , rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO
L1840*	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L1843*	KO Knee orthosis , single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1844*	KO Knee orthosis , single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control with or without varus/valgus adjustment, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1845*	KO Knee orthosis , double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment , prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1846*	KO Knee orthosis , double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment , custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1860*	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1901	AFO Ankle orthosis , elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, CPed, RFO, COF, RFOM, MD, DO, OT, PT
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, CPed, RFO, COF, RFOM, MD, DO, OT, PT
L1904	AFO, molded ankle gauntlet, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, MD, DO, PT
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, CPed, RFO, COF, RFOM
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1932*	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1940	AFO, plastic or other material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1945*	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1950*	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1951*	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L1960	AFO, posterior solid ankle, molded to patient model , plastic, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1970*	AFO, plastic, with ankle joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar BK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar BK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2000*	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2005*	KAFO Knee ankle foot orthosis , any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fitted fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2010*	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar AK orthosis), without knee joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2020*	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar AK orthosis), custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2030*	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar AK orthosis), without knee joint, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2034*	KAFO Knee ankle foot orthosis , full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2035	KAFO Knee ankle foot orthosis , full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2036*	KAFO Knee ankle foot orthosis , full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2037*	K AFO Knee ankle foot orthosis , full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2038*	K AFO Knee ankle foot orthosis , full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2106*	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2108*	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, MD, DO
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2116*	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2126*	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2128*	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2132*	KAFO Knee ankle foot orthosis , fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2134*	KAFO Knee ankle foot orthosis , fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2136*	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2190	Addition to lower extremity fracture orthosis, waist belt	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2200	Addition to lower extremity, limited ankle motion, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2240	Addition to lower extremity, round caliper and plate attachment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2265	Addition to lower extremity, long tongue stirrup	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2280	Addition to lower extremity, molded inner boot	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2310	Addition to lower extremity, abduction bar, straight	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Lower Limb–Hip			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2335	Addition to lower extremity, anterior swing band	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2340	Addition to lower extremity, pretibial shell, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2350*	Addition to lower extremity, prosthetic type (BK) socket, molded to patient model (used for PTB, AFO orthoses)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2360	Addition to lower extremity, extended steel shank	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2370	Addition to lower extremity, Patten bottom	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated KAF knee ankle foot orthosis , each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2390	Addition to lower extremity, offset knee joint, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2397	Addition to lower extremity, orthosis, suspension sleeve	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2405	Addition to knee joint, drop lock, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2492	Addition to knee joint, lift loop for drop lock ring	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2510*	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2525*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2526*	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2530	Addition to lower extremity, light thigh /weight bearing, lacer, nonmolded	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2580	Addition to lower extremity, pelvic control, pelvic sling	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis type or thrust bearing, lock, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2627*	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2628*	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2660	Addition to lower extremity, thoracic control, thoracic band	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2680	Addition to lower extremity, thoracic control, lateral support uprights	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2768	Orthotic side bar disconnect device, per bar	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2770	Addition to lower extremity orthosis, any material, per bar or joint	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2785	Addition to lower extremity orthosis, drop lock retainer, each	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2795	Addition to lower extremity orthosis, knee control, full kneecap	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO
L2810	Addition to lower extremity orthosis, knee control, condylar pad	6 months: ages 0-20; 1 year: ages 21 and older	CO, CPO

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Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO, PT
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	4 per 6 months: ages 0-20; 4 per 1 year: ages 21 and older	CO, CPO
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	4 per 6 months: ages 0-20; 4 per 1 year: ages 21 and older	CO, CPO
L2860*	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO
L2999*	Lower extremity orthoses, not otherwise specified NOS	6 months: ages 0-20; 3 years: ages 21 and older	CO, CPO

F. Orthopedic Shoes and Footwear

Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3000+	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	2 per year	CO, CP, CPO, CPed, PT
L3001+	Foot insert, removable, molded to patient model, Spenco, each	2 per year	CO, CP, CPO, CPed
L3002+	Foot insert, removable, molded to patient model, Plastazote or equal, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3003+	Foot insert, removable , molded to patient model, silicone gel, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3010+	Foot insert, removable, molded to patient model, longitudinal arch support, each	2 per year	CO, CP, CPO, CPed, MD, DO, PT
L3020+	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	2 per year	CO, CP, CPO, CPed, MD, DO, PT
L3030+	Foot insert, removable, formed to patient foot, each	2 per year	CO, CP, CPO, CPed, MD, DO

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Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3040+	Foot, arch support, removable, premolded, longitudinal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PT
L3050+	Foot, arch support, removable, premolded, metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PT
L3060+	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PT
L3070+	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3080+	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3090+	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3100+	Hallus-valgus night dynamic splint	2 per year	CO, CP, CPO, CPed, MD, DO
L3140+	Foot, abduction rotation bar, including shoes	2 per year	CO, CP, CPO, CPed, MD, DO
L3150+	Foot, abduction rotation bar, without shoes	2 per year	CO, CP, CPO, CPed, MD, DO
L3160+	Foot, adjustable shoe-styled positioning device	2 per year	CO, CP, CPO, CPed, MD, DO
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	2 per year	CO, CP, CPO, CPed
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	2 per year	CO, CP, CPO, CPed
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	2 per year	CO, CP, CPO, CPed
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	2 per year	CO, CP, CPO, CPed
L3206	Orthopedic shoe, hightop with supinator or pronator, child	2 per year	CO, CP, CPO, CPed
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	2 per year	CO, CP, CPO, CPed
L3208	Surgical boot, each, infant	2 per year	CO, CP, CPO, CPed, MD, DO
L3209	Surgical boot, each, child	2 per year	CO, CP, CPO, CPed, MD, DO
L3211	Surgical boot, each, junior	2 per year	CO, CP, CPO, CPed, MD, DO
L3212	Benesch boot, pair, infant	2 per year	CO, CP, CPO, CPed
L3213	Benesch boot, pair, child	2 per year	CO, CP, CPO, CPed
L3214	Benesch boot, pair, junior	2 per year	CO, CP, CPO, CPed
L3215+	Orthopedic footwear, ladies shoe, oxford, each	2 per year	CO, CP, CPO, CPed

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Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3216+	Orthopedic footwear, ladies shoe, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3217+	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3219+	Orthopedic footwear, mens shoe, oxford, each	2 per year	CO, CP, CPO, CPed
L3221+	Orthopedic footwear, mens shoe, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3222+	Orthopedic footwear, mens shoe, hightop, depth inlay, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3224+	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	2 per year	CO, CP, CPO, CPed
L3225+	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	2 per year	CO, CP, CPO, CPed
L3250+	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	2 per year	CO, CP, CPO, CPed
L3251+	Foot, shoe molded to patient model, silicone shoe, each	2 per year	CO, CP, CPO, CPed
L3252+	Foot, molded to patient model, Plastazote (or similar), custom fabricated, each	2 per year	CO, CP, CPO, CPed
L3253+	Foot, molded shoe, Plastazote (or similar), custom fitted, each	2 per year	CO, CP, CPO, CPed
L3254+	Nonstandard size or width	2 per year	CO, CP, CPO, CPed
L3255+	Nonstandard size or length	2 per year	CO, CP, CPO, CPed
L3257+	Orthopedic footwear, additional charge for split size	2 per year	CO, CP, CPO, CPed
L3260	Surgical boot/shoe, each	2 per year	CO, CP, CPO, CPed, MD, DO
L3265	Plastazote sandal, each	2 per year	CO, CP, CPO, CPed, MD, DO, PT
L3300+	Lift, elevation, heel, tapered to metatarsals, per inch	N/A	CO, CP, CPO, CPed
L3310+	Lift, elevation, heel and sole, neoprene, per inch	N/A	CO, CP, CPO, CPed
L3320+	Lift, elevation, heel and sole, cork, per inch	N/A	CO, CP, CPO, CPed
L3330+	Lift, elevation, metal extension (skate)	N/A	CO, CP, CPO, CPed
L3332+	Lift, elevation, inside shoe, tapered, up to one-half in.	N/A	CO, CP, CPO, CPed, MD, DO
L3334+	Lift, elevation, heel, per in.	N/A	CO, CP, CPO, CPed, MD, DO
L3340+	Heel wedge, SACH	2 per year	CO, CP, CPO, CPed
L3350+	Heel wedge	2 per year	CO, CP, CPO, CPed, MD, DO
L3360+	Sole wedge, outside sole	2 per year	CO, CP, CPO, CPed
L3370+	Sole wedge, between sole	2 per year	CO, CP, CPO, CPed

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Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3380+	Clubfoot wedge	2 per year	CO, CP, CPO, CPed
L3390+	Outflare wedge	2 per year	CO, CP, CPO, CPed
L3400+	Metatarsal bar wedge, rocker	2 per year	CO, CP, CPO, CPed
L3410+	Metatarsal bar wedge, between sole	2 per year	CO, CP, CPO, CPed
L3420+	Full sole and heel wedge, between sole	2 per year	CO, CP, CPO, CPed
L3430+	Heel, counter, plastic reinforced	2 per year	CO, CP, CPO, CPed
L3440+	Heel, counter, leather reinforced	2 per year	CO, CP, CPO, CPed
L3450+	Heel, SACH cushion type	2 per year	CO, CP, CPO, CPed
L3455+	Heel, new leather, standard	2 per year	CO, CP, CPO, CPed
L3460+	Heel, new rubber, standard	2 per year	CO, CP, CPO, CPed
L3465+	Heel, Thomas with wedge	2 per year	CO, CP, CPO, CPed
L3470+	Heel, Thomas extended to ball	2 per year	CO, CP, CPO, CPed
L3480+	Heel, pad and depression for spur	2 per year	CO, CP, CPO, CPed, MD, DO
L3485+	Heel, pad, removable for spur	2 per year	CO, CP, CPO, CPed, MD, DO
L3500+	Orthopedic shoe addition, insole, leather	2 per year	CO, CP, CPO, CPed
L3510+	Orthopedic shoe addition, insole, rubber	2 per year	CO, CP, CPO, CPed
L3520+	Orthopedic shoe addition, insole, felt covered with leather	2 per year	CO, CP, CPO, CPed
L3530+	Orthopedic shoe addition, sole, half	2 per year	CO, CP, CPO, CPed
L3540+	Orthopedic shoe addition, sole, full	2 per year	CO, CP, CPO, CPed
L3550	Orthopedic shoe addition, toe tap, standard	2 per year	CO, CP, CPO, CPed
L3560+	Orthopedic shoe addition, toe tap, horseshoe	2 per year	CO, CP, CPO, CPed
L3570+	Orthopedic shoe addition, special extension to instep (leather with eyelets)	2 per year	CO, CP, CPO, CPed
L3580+	Orthopedic shoe addition, convert instep to Velcro closure	2 per year	CO, CP, CPO, CPed
L3590+	Orthopedic shoe addition, convert firm shoe counter to soft counter	2 per year	CO, CP, CPO, CPed
L3595+	Orthopedic shoe addition, March bar	2 per year	CO, CP, CPO, CPed
L3600+	Transfer of an orthosis from one shoe to another, caliper plate, existing	2 per year	CO, CP, CPO, CPed
L3610+	Transfer of an orthosis from one shoe to another, caliper plate, new	2 per year	CO, CP, CPO, CPed
L3620+	Transfer of an orthosis from one shoe to another, solid stirrup, existing	2 per year	CO, CP, CPO, CPed
L3630+	Transfer of an orthosis from one shoe to another, solid stirrup, new	6 months: ages 0–20; 1 year: ages 21 and older	CO, CP, CPO, CPed
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	6 months: ages 0–20; NOT FOR ADULTS	CO, CP, CPO, CPed

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Orthopedic Shoes and Footwear			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3649*	Orthopedic shoe, modification, addition or transfer, NOS not otherwise specified	6 months: ages 0–20; 3 years: ages 21 and older	CO, CP, CPO, CPed

G. Upper Limb Orthoses

Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3650	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, PT, OT
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, OT, PT
L3671*	Shoulder orthosis (SO) , shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes filling fitting and adjustment	6 months: all ages-00	CO, CPO
L3672*	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes filling fitting and adjustment	6 months: all ages-00	CO, CPO
L3673*	Shoulder orthosis (SO) , abduction positioning (airplane design), thoracic component and support bar, without joints , includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes filling fitting and adjustment	6 months: all ages-00	CO, CPO

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Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3677*	Shoulder orthosis (SO) , hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, OT , PT
L3701	EO Elbow orthosis (EO) , elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, OT , PT
L3702	Elbow orthosis (EO) EO , without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM
L3720*	Elbow orthosis (EO) EO , double upright with forearm/arm cuffs, free motion, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3730*	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3740*	Elbow orthosis (EO) EO , double upright with forearm/arm cuffs, adjustable position Lock with active control, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3760	EO Elbow orthosis (EO) , with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, PT , OT
L3762	Elbow orthosis (EO) EO , rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, PT , OT
L3763*	Elbow wrist hand orthosis (EWHO) EWHO , rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3764*	EWHO Elbow wrist hand orthosis (EWHO) , includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT

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Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3765*	EWHFO Elbow wrist hand finger orthosis (EWHFO) , rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3766*	Elbow wrist hand finger orthosis (EWHFO) , includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3806	Wrist hand finger orthosis WHFO , includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, OT
L3807	WHFO Wrist hand finger orthosis (WHFO) , without joint(s), prefabricated, includes fitting and adjustments, any type	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, MD, DO, OT, PT
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20 3 years: ages 21–115	CO, CPO, OT
L3890*	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3900*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3901*	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3904*	WHFO, external powered, electric, custom fabricated	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3905*	WHO Wrist hand finger orthosis (WHFO) , includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3906	WHO Wrist hand orthosis (WHO) , without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3908	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT

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Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3909	WO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT
L3911	WHFO Wrist hand finger orthosis (WHFO) , elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, OT
L3913	HFO Hand finger orthosis (HFO) , without joints, may include soft interface, straps, custom fabricated, includes fitting fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21–115	CO, CPO, RFO, COF, RFOM, OT
L3917	HO Hand orthosis (HO) , metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO, OT, PT
L3919	HO Hand orthosis (HO) , without joints, may include soft interface, straps, custom fabricated, includes fitting fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3921	FHO Hand finger orthosis (HFO) , includes one or more nontorsion joints, elastic bands, turnbuckles , may include soft interface, straps, custom fabricated, includes fitting fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3923	HFO Hand finger orthosis (HFO) , without joints, may include soft interface, straps, custom prefabricated , includes fitting and adjustments	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT, PT
L3925	Finger orthosis FO , proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment.	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT
L3927*	FO Finger orthosis , proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion, (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment.	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT

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Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3929	Hand finger orthosis HFO , includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT
L3931	Wrist hand finger orthosis WHFO , includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year ages 21 and older	CO, CPO, RFO, COF, RFOM, MD, DO, OT
L3933	FO Finger orthosis (FO) , without joints, may include soft interface, straps , custom fabricated, includes fitting fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT, PT
L3935	FO Finger orthosis , nontorsion joint, may include soft interface, straps, custom fabricated, includes fitting fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT, PT
L3956*	Addition of joint to upper extremity orthosis, any material; per joint	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO
L3960*	SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3961*	Shoulder elbow wrist hand orthosis (SEWHO) , shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3962*	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3964*	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3965*	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3966*	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3967*	Shoulder elbow wrist hand orthosis (SEWHO) , abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

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Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3968*	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3969*	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3970	Shoulder elbow orthosis (SEO) , addition to mobile arm support, elevating proximal arm	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3971*	Shoulder elbow wrist hand orthosis (SEWHO) , shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3972	Shoulder elbow orthosis (SEO) , addition to mobile arm support, offset or lateral rocker arm with elastic balance control	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3973*	Shoulder elbow wrist hand orthosis (SEWHO) , abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3974	Shoulder elbow orthosis (SEO) , addition to mobile arm support, supinator	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO, OT
L3975*	Shoulder elbow wrist hand finger orthosis (SEWHO) , shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3976*	Shoulder elbow wrist hand finger orthosis (SEWHO) , abduction positioning (airplane design), thoracic component and support bar, without joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3977*	Shoulder elbow wrist hand finger orthosis (SEWHO) , shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

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Upper Limb Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L3978*	Shoulder elbow wrist hand finger orthosis (SEWHO) , abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO, OT
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, MD, DO
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	6 months: ages 0–20; 1 year: ages 21 and older	CO, CPO, OT
L3999*	Upper limb orthosis, not otherwise specified NOS	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

H. Replacement and Repair

Replacement and Repair			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L4000*	Replace girdle for spinal orthosis (CTLSS or SO)	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4002*	Replacement strap, any orthosis, includes all components, any length, any type	4 per 3 months for ages 0–20; 6 months for 21 and older	CO, CPO
L4010*	Replace trilateral socket brim	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO

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Replacement and Repair			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L4020*	Replace quadrilateral socket brim, molded to patient model	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4030	Replace quadrilateral socket brim, custom fitted	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4050	Replace molded calf lacer, for custom fabricated orthosis only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4060	Replace high roll cuff	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4070	Replace proximal and distal upright for KAFO	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4080	Replace metal bands KAFO, proximal thigh	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4100	Replace leather cuff KAFO, proximal thigh	6 months: ages 0–20; 2 years: ages 21 and older	CO, CPO
L4110	Replace leather cuff, KAFO-AFO, calf or distal thigh	6 months: ages 0–20; 2 years: ages 21 and older	CO, CPO
L4130	Replace pretibial shell	6 months: ages 0–20; 3 years: ages 21 and older	CO, CPO
L4205*	Repair of orthotic device, labor component, per 15 minutes	NA	CO, CPO

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Replacement and Repair			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L4210*	Repair of orthotic device, repair or replace minor parts	NA	CO, CPO

I. Ancillary Orthoses

Ancillary Orthoses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM, MD, DO, <u>PT</u>
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM, MD, DO, <u>PT</u>
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM, MD, DO, <u>PT</u>
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM, MD, DO, <u>PT</u>
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM, MD, DO, <u>PT</u>
L4392	Replacement soft interface material, static AFO	6 months <u>all ages</u>	CO, CPO, RFO, COF, RFOM
L4394	Replace soft interface material, foot drop splint	6 months <u>all ages</u>	CO, CPO, RFO, COF, RFOM
L4396	Static AFO <u>ankle foot orthosis</u> , including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	1 year <u>all ages</u>	CO, CPO, RFO, COF, RFOM

J. Lower Limb Prostheses

Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			

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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5010*	Partial foot, molded socket, ankle height, with toe filler	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5020*	Partial foot, molded socket, tibial tubercle height, with toe filler	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5050*	Ankle, Symes, molded socket, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5060*	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5100*	Below knee, molded socket, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5105*	Below knee, plastic socket, joints and thigh lacer, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5150*	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5160*	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5200*	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5210*	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5220*	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5230*	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5250*	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5270*	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5280*	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5301*	Below knee, molded socket, shin, SACH foot, endoskeletal system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5311*	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5321*	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5331*	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5341*	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5400*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5420*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, and suspension, AK or knee disarticulation, each additional cast change and realignment	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5500*	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5505*	Initial, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot plaster socket, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5510*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5520*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5530*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5535*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5540*	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5560*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5570*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5580*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5585*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5590*	Preparatory, above knee-knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5595*	Preparatory, hip disarticulation–hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5600*	Preparatory, hip disarticulation–hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5610*	Addition to lower extremity, endoskeletal system, above knee, hydracandence system (k3 or above)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5611*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5613*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5614*	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5616*	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5618	Addition to lower extremity, test socket, Symes	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5620	Addition to lower extremity, test socket, below knee	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5622	Addition to lower extremity, test socket, knee disarticulation	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5624	Addition to lower extremity, test socket, above knee	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5626	Addition to lower extremity, test socket, hip disarticulation	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Lower Limb Prostheses			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5628	Addition to lower extremity, test socket, hemipelvectomy	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5629	Addition to lower extremity, below knee, acrylic socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5630	Addition to lower extremity, Symes type, expandable wall socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5632	Addition to lower extremity, Symes type, PTB brim design socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5636	Addition to lower extremity, Symes type, medial opening socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5637	Addition to lower extremity, below knee, total contact	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5638	Addition to lower extremity, below knee, leather socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5639*	Addition to lower extremity, below knee, wood socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5640*	Addition to lower extremity, knee disarticulation, with leather socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Lower Limb Prostheses			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5642*	Addition to lower extremity, above knee, leather socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5643*	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5644	Addition to lower extremity, above knee, wood socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5645*	Addition to lower extremity, below knee, flexible inner socket, external frame	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5647*	Addition to lower extremity, below knee, suction socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5648*	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5649*	Addition to lower extremity, ischial containment/narrow M-L socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5651*	Addition to lower extremity, above knee, flexible inner socket, external frame	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5652*	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5666	Addition to lower extremity, below knee, cuff suspension	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5668	Addition to lower extremity, below knee, molded distal cushion	6 months all ages	CP, CPO
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Lower Limb Prostheses			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism, (shuttle, lanyard or equal), excludes socket insert	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5672	Addition to lower extremity, below knee, removable medial brim suspension	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5673*	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	2 per 6 months all ages	CP, CPO
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5678	Addition to lower extremity, below knee joint covers, pair	2 per year all ages	CP, CPO
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	2 per 6 months all ages	CP, CPO
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5681*	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	2 per year all ages: ages 0–20; 1 year ages 21 and older	CP, CPO
L5682*	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
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Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5683*	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	2 per year all ages ages 0-20; 1 year ages 21 and older	CP, CPO
L5684	Addition to lower extremity, below knee, fork strap	6 months: ages 0-20; 1 year ages 21 and older	CP, CPO
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	2 per 6 months all ages	CP, CPO
L5686	Addition to lower extremity, below knee, back check (extension control)	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5688	Addition to lower extremity, below knee, waist belt, webbing	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5692	Addition to lower extremity, above knee, pelvic control belt, light	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	1 year: ages 0-20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	6 months all ages ; ages 0–20; 3 years ages 21 and older	CP, CPO
L5699	All lower extremity prostheses, shoulder harness	1 per year all ages	CP, CPO
L5700*	Replacement, socket, below knee, molded to patient model	6 months all ages	CP, CPO
L5701*	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	6 months all ages	CP, CPO
L5702*	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	6 months all ages	CP, CPO
L5703*	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	6 months all ages	CP, CPO
L5704	Custom shaped protective cover, below knee	6 months all ages	CP, CPO
L5705*	Custom shaped protective cover, above knee	6 months all ages	CP, CPO
L5706*	Custom shaped protective cover, knee disarticulation	6 months all ages	CP, CPO
L5707*	Custom shaped protective cover, hip disarticulation	6 months all ages	CP, CPO
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5716*	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5718*	Addition, exoskeletal knee-shin system, single axis, polycentric, friction swing and stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5722*	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5724*	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5726*	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5728*	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5780*	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5781*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	3 years all ages	CP, CPO
L5782*	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	3 years all ages	CP, CPO
L5785*	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5790*	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5795*	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5811*	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5814*	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5816*	Addition, endoskeletal knee-shin system, single axis, polycentric , mechanical stance phase lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5818*	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	3 years all ages	CP, CPO
L5822*	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5824*	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5826*	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	3 years all ages	CP, CPO
L5828*	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	3 years all ages	CP, CPO
L5830*	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5840*	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5845*	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5848*	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5910	Addition, endoskeletal system, below knee, alignable system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5930*	Addition, endoskeletal system, high activity knee control frame	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5950*	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5960*	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5962*	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	1 year all ages –ages 0–20; 3 years ages 21 and older	CP, CPO
L5964*	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	1 year all ages –ages 0–20; 3 years ages 21 and older	CP, CPO
L5966*	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	1 year all ages –ages 0–20; 3 years ages 21 and older	CP, CPO
L5968*	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5970	All lower extremity prostheses, foot, external keel, SACH foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5972	All lower extremity prostheses, flexible keel foot (SAFE, STEN, Bock Dynamic or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5974	All lower extremity prostheses, foot, single axis ankle/foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5979*	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5980*	All lower extremity prostheses, flex-foot system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5981*	All lower extremity prostheses, flex-walk system or equal	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5986*	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5987*	All lower extremity prosthesis, shank foot system with vertical loading pylon	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5988*	Addition to lower limb prosthesis, vertical shock reducing pylon feature	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5990*	Addition to lower extremity prosthesis, user adjustable heel height	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5993*	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L5994*	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)	1 year: ages 0–20 3 years: ages 21–115	CP, CPO

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Lower Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L5995*	Addition to lower extremity prosthesis, heavy duty feature, other than foot or knee, (for patient weight greater than 300 lbs)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L5999*	Lower extremity prosthesis, not otherwise specified	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

K. Upper Limb Prostheses

Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6000*	Partial hand, Robin-Aids, thumb remaining (or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6010*	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6020*	Partial hand, Robin-Aids, no finger remaining (or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6050*	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6055*	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6100*	Below elbow, molded socket, flexible elbow hinge, triceps pad	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6110*	Below elbow, molded socket (Muenster or Northwestern suspension types)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6120*	Below elbow, molded double wall split socket, step-up hinges, half cuff	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6130*	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6200*	Elbow disarticulation, molded socket, outside locking hinge, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6205*	Elbow disarticulation, molded socket with expandable interface, outside locking hinge, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6250*	Above elbow, molded double wall socket, internal locking elbow, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6300*	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6310*	Shoulder disarticulation, passive restoration (complete prosthesis)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6320*	Shoulder disarticulation, passive restoration (shoulder cap only)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6350*	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6360*	Interscapular thoracic, passive restoration (complete prosthesis)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6370*	Interscapular thoracic, passive restoration (shoulder cap only)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6380*	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6382*	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6384*	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6388*	Immediate postsurgical or early fitting, application of rigid dressing only	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6400*	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6450*	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6500*	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6550*	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6570*	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6580*	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6582*	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6584*	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6586*	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6588*	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6590*	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6600	Upper extremity additions, polycentric hinge, pair	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6605	Upper extremity additions, single pivot hinge, pair	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6610	Upper extremity additions, flexible metal hinge, pair	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6615	Upper extremity addition, disconnect locking wrist unit	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6623*	Upper extremity addition, spring assisted rotational wrist unit with latch release	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6624*	Upper extremity addition, flexion/extension and rotation wrist unit	6 months: ages 0–20 3 years: ages 21–115	CP, CPO
L6625	Upper extremity addition, rotation wrist unit with cable lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and **bold** codes denote items covered by Medicare.

Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6630	Upper extremity addition, stainless steel, any wrist	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6632	Upper extremity addition, latex suspension sleeve, each	1 year: ages 0–20; 3 years ages 21 and older 2 per 6 months, all ages	CP, CPO
L6635	Upper extremity addition, lift assist for elbow	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6637	Upper extremity addition, nudge control elbow lock	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6638*	Upper extremity addition to prosthesis, electric locking feature only for use with manually powered elbow	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6639*	Upper extremity addition, heavy duty feature, any elbow	6 months: ages 0–20 3 years: ages 21–115	CP, CPO
L6640	Upper extremity additions, shoulder abduction joint, pair	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6641	Upper extremity addition, excursion amplifier, pulley type	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6642	Upper extremity addition, excursion amplifier, lever type	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6646*	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6650	Upper extremity addition, shoulder universal joint, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6655	Upper extremity addition, standard control cable, extra	1 year: ages 0–20; 3 years ages 21 and older 2 per year, all ages	CP, CPO
L6660	Upper extremity addition, heavy duty control cable	1 year: ages 0–20; 3 years ages 21 and older 2 per year, all ages	CP, CPO
L6665	Upper extremity addition, Teflon or equal, cable lining	1 year: ages 0–20; 3 years ages 21 and older 2 per year, all ages	CP, CPO
L6670	Upper extremity addition, hook to hand, cable adapter	1 year: ages 0–20; 3 years ages 21 and older 1 per year, all ages	CP, CPO
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	1 year: ages 0–20; 3 years ages 21 and older 1 per year, all ages	CP, CPO
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	1 year: ages 0–20; 3 years ages 21 and older 1 per year, all ages	CP, CPO
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	1 year: ages 0–20; 3 years ages 21 and older 1 per year, all ages	CP, CPO
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6682	Upper extremity addition, test socket, elbow disarticulation or below above elbow	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6686*	Upper extremity addition, suction socket	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6689*	Upper extremity addition, frame type socket, shoulder disarticulation	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6690*	Upper extremity addition, frame type socket, interscapular-thoracic	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6691	Upper extremity addition, removable insert, each	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6692	Upper extremity addition, silicone gel insert or equal, each	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6693*	Upper extremity addition, locking elbow, forearm counterbalance	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6694*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	2 per 6 months	CP, CPO
L6695*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	2 per 6 months	CP, CPO
L6696*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	2 per year: ages 0–20; 1 year ages 21 and older	CP, CPO
L6697*	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	2 per year: ages 0–20; 1 year ages 21 and older	CP, CPO
L6698*	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L6703	Terminal device, passive hand/mitt, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6704	Terminal device, sport/recreational/work attachment, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6707*	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6708*	Terminal device, hand, mechanical, voluntary opening, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6709*	Terminal device, hand, mechanical, voluntary closing, any material, any size	1 year: ages 0–20 3 years: ages 21–115	CP, CPO
L6805	Addition to terminal device, modifier wrist unit	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L6810	Addition to terminal device, precision pinch device	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6883*	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	6 months all ages	CP, CPO
L6884*	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	6 months all ages	CP, CPO
L6885*	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	6 months all ages	CP, CPO
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	6 months all ages	CP, CPO
L6900*	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6905*	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6910*	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L6915*	Hand restoration (shading and measurements included), replacement glove for above	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO

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Upper Limb Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L7405*	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	1 year: ages 0–20; 3 years ages 21 and older 6 months all ages	CP, CPO
L7499*	Upper extremity prosthesis, not otherwise specified NOS	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7510*	Repair prosthetic device, repair or replace minor parts	NA	CP, CPO
L7520*	Repair of prosthetic device, labor component, per 15 minutes	NA	CP, CPO
L7600	Prosthetic donning sleeve, any material, each	4 per year	CP, CPO
L7611*	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	1 year: ages 0–20	CP, CPO
L7612*	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	1 year: ages 0–20	CP, CPO
L7613*	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	1 year: ages 0–20	CP, CPO
L7614*	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	1 year: ages 0–20	CP, CPO
L7621*	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO
L7622*	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	1 year: ages 0–20; 3 years ages 21 and older	CP, CPO

L. Elastic Supports

Elastic Supports			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT

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Elastic Supports			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6542*	Gradient compression stocking, custom made	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6543	Gradient compression stocking, lymphedema	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT

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Elastic Supports			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A6544	Gradient compression stocking, garter belt	4 per year	CO, CP, CPO, RFO, COF, RFOM, MD, DO, OT, PT
A6549*	Gradient compression stocking, not otherwise specified	4 per year	CO, CP, CPO, RFO, COF, RFOM

M. Trusses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L8300	Truss, single with standard pad	2 per year	CO, CP, CPO, RFO, COF, RFOM
L8310	Truss, double with standard pads	2 per year	CO, CP, CPO, RFO, COF, RFOM
L8320	Truss, addition to standard pad, water pad	2 per year	CO, CP, CPO, RFO, COF, RFOM
L8330	Truss, addition to standard pad, scrotal pad	2 per year	CO, CP, CPO, RFO, COF, RFOM

N. Prosthetic Socks

Prosthetic Socks			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L8400	Prosthetic sheath, below knee, each	12 per year	CP, CPO
L8410	Prosthetic sheath, above knee, each	12 per year	CP, CPO
L8415	Prosthetic sheath, upper limb, each	12 per year	CP, CPO
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	6 per year	CP, CPO
L8420	Prosthetic sock, multiple ply, below knee, each	6 per year	CP, CPO
L8430	Prosthetic sock, multiple ply, above knee, each	6 per year	CP, CPO
L8435	Prosthetic sock, multiple ply, upper limb, each	6 per year	CP, CPO
L8440	Prosthetic shrinker, below knee, each	4 per year	CP, CPO
L8460	Prosthetic shrinker, above knee, each	4 per year	CP, CPO
L8465	Prosthetic shrinker, upper limb, each	4 per year	CP, CPO

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Prosthetic Socks			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
L8470	Prosthetic sock, single ply, fitting, below knee, each	12 per year	CP, CPO
L8480	Prosthetic sock, single ply, fitting, above knee, each	12 per year	CP, CPO
L8485	Prosthetic sock, single ply, fitting, upper limb, each	12 per year	CP, CPO
L8499*	Unlisted procedure for miscellaneous prosthetic services	NA	CP, CPO

O. External Breast Prostheses

Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	1 package of 5 per month	CMF, RFOM, RFM
L8000	Breast prosthesis, mastectomy bra	6 per year	CMF, RFOM, RFM
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	2 per 6 months	CMF, RFOM, RFM
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	2 per 6 months	CMF, RFOM, RFM
L8010	Breast prosthesis, mastectomy sleeve	1 year 2 per year, all ages	CMF, RFOM, RFM
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	2 per 6 months with max. limit of 6 per lifetime	CMF, RFOM, RFM
L8020	Breast prosthesis, mastectomy form	2 per year	CMF, RFOM, RFM
L8030	Breast prosthesis, silicone or equal	2 years	CMF, RFOM, RFM

P. Ocular Prostheses

Ocular Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
V2623*	Prosthetic eye, plastic, custom	2 years: ages 0–20; 5 years: ages 21 and older	BCO
V2624	Polishing/resurfacing of ocular prosthesis	2 per year	BCO

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Ocular Prostheses			
Asterisks (*) following HCPCS procedure codes indicate items that require prior approval; plus signs (+) indicate required prior approval for recipients ages 21 and older; and bold codes denote items covered by Medicare.			
Code	Description	Lifetime Expectancies and Quantity Limitations	Required Provider Certification
V2625	Enlargement of ocular prosthesis	2 years: ages 0-20; 5 years: ages 21 and older 18 months: ages 0-5; 3 years: ages 6 and older	BCO
V2626	Reduction of ocular prosthesis	2 years: ages 0-20; 5 years: ages 21 and older	BCO
V2627*	Scleral cover shell	2 years: ages 0-20; 5 years: ages 21 and older	BCO
V2628	Fabrication and fitting of ocular conformer	2 years: ages 0-20; 5 years: ages 21 and older 6 per year, ages 0-2; 2 years: ages 3 and older	BCO

~~HCPCS codes with an asterisk (*) indicate that the item requires prior approval.~~

~~HCPCS codes with a plus sign (+) indicate that the item requires prior approval for recipients ages 21 and older.~~

~~**BOLD print indicates that the item is covered by Medicare.**~~

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Attachment F: Frequently Asked Questions

The following includes some of the common questions about providing orthotic and prosthetic devices and the answers to those questions.

1. **How long does prior approval take?**
It usually takes five workdays from the date of receipt to mail back a prior approval request.
2. **Can I choose to supply only certain items or do I have to supply all covered items if I want to be an enrolled supplier?**
You do not have to supply all covered items to be enrolled.
3. **Do I have to have a CMN/PA form if the item does not require prior approval?**
Yes, you must have a completed form with the physician's, physician assistant's, or nurse practitioner's signature for every item that you bill to Medicaid.
4. **Where do I get CMN/PA forms?**
Contact EDS at 1-800-688-6696 or 919-851-8888.
5. **How do I get updated fee schedules?**
Fee schedules can be obtained by completing a Fee Schedule Request form and submitting it to DMA by fax at the number listed on the form. The form is available on DMA's Web site at <http://www.ncdhhs.gov/dma>.
6. **Can I get prior approval by telephone in emergency situations?**
Prior approval by phone is available for only emergency service and repairs to orthotics and prosthetics. Refer to **Section 5.7, Servicing and Repairing Orthotics and Prosthetics**.